

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N09561 1. Entity Name BEACH PLAZA APARTMENT MOTEL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 14560 GULF BLVD. MADEIRA BEACH, FL 33708	Mailing Address 14560 GULF BLVD. MADEIRA BEACH, FL 33708
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07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2527843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AYOUB, JACK
 14560 GULF BLVD
 MADEIRA BEACH, FL 33708

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYOUB, LYLIA 14560 GULF BLVD MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARID, KARAM 17920 GULF BLVD, #1507 REDINGTON SHORES, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENA, AYOUB 8320 73RD COURT PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/09/04-80006-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Ayoub* 7/6/04 (727) 644-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #