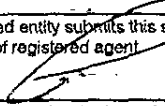
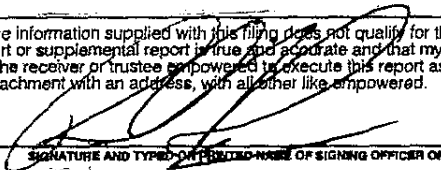


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N16360 1. Entity Name FLORIDA BEACH CENTRE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 255 COREY AVE. P.O. BOX 67128 ST. PETERSBURG BCH., FL 33736	Mailing Address 255 COREY AVE. P.O. BOX 67128 ST. PETERSBURG BCH., FL 33736	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SKIPPER, PAUL J. 255 COREY AVE. ST. PETE BCH., FL 33706		DO NOT WRITE IN THIS SPACE
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  (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		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	DP SKIPPER, PAUL J. 255 COREY AVE. ST PETE BEACH, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. CLAIR, JOYCE A. 255 COREY AVE. SAINT PETE BEACH, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHOFEN, ABRAM 255 COREY AVE SAINT PETE BEACH, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Paul J. Skipper March 29, 2005 Date Daytime Phone #



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2711061	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000295611
04/09/05-80034-013 61.25

**DO NOT WRITE
IN THIS SPACE**