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	Mailing Address
255 COREY AVE. P.O. BOX 67128 ST. PETERSBURG BCH., FL 33736	255 COREY AVE. P.O. BOX 67128 ST. PETERSBURG BCH., FL 33736

01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2711061
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, PAUL J.
255 COREY AVE.
ST. PETE BCH., FL 33706

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SKIPPER, PAUL J.
STREET ADDRESS	255 COREY AVE.
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	D
NAME	ST. CLAIR, JOYCE A.
STREET ADDRESS	255 COREY AVE.
CITY-ST-ZIP	SAINT PETE BEACH, FL 33706
TITLE	D
NAME	VANHOVEN, ABRAM
STREET ADDRESS	255 COREY AVE
CITY-ST-ZIP	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	

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04/09/05-80034-013 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: _____ Paul J. Skipper March 29, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #