

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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
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01252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2711061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000904259
05/01/08-80005-020 61.25

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	DVP FROEBER, TERRY 255 COREY AVE SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

Daytime Phone #