

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90429 017 \*\*\*\*61.25

**DOCUMENT # N94000000052**

1. Entity Name  
BEACH DEFENSE FUND, INC.



Principal Place of Business  
4514 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

Mailing Address  
P.O. BOX 220452  
HOLLYWOOD, FL 33022



01162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1020713	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WELSCH, STEVE  
315 DESOTO STREET  
HOLLYWOOD, FL 33019

**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, 2006

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	PD PASSALACQUA, JOHN 4514 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELSCH, STEVE 315 DESOTO ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECTER, LAURIE 4500 N SURF ROAD HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACSON, GARY 4500 N SURF ROAD HOLLYWOOD, FL 33019
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 all other like empowered.

**SIGNATURE:** *Laurie Schechter* LAURIE SCHECTER D 4-19-06 954 923-6778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #