


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 016 ****61.25

DOCUMENT # N94000000448

1. Entity Name
BEACH VISTA APARTMENTS, INC.



Principal Place of Business
**624 ORTON AVE
 FT LAUDERDALE, FL 33304 US**

Mailing Address
**C/O DAVID E. BUCK, P.A.
 2900 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33306-1804**

40063411



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
65-0471589

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

**BUCK, DAVID E.
 2900 E. OAKLAND PARK BLVD
 # 103
 FORT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUSSEAU, JACQUES 624 ORTON AVE., #20 FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRENCH, WILLIAM 624 ORTON AVE., #13 FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TESTAMARCK, ARIANA 624 ORTON AVE., #15 FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOBOUT, JEAN-DENIS 624 ORTON AVE. #16 FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTVIN, MAURICE 624 ORTON AVE., #1 FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROUSSEAU, JACQUES 624 ORTON AVE #20 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TESTAMARCK, ARIANA 624 ORTON AVE #15 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Jacques Rousseau **J. ROUSSEAU** April 24/06 471 6482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #