


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 024 ****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**

90057000



04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0471589

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete

NAME **ROUSSEAU, JACQUES**

STREET ADDRESS **624 ORTON AVE #20**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **DIRECTOR** Change Addition

NAME **ROUSSEAU, JACQUES**

STREET ADDRESS **624 ORTON AVE #20**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **VP** Delete

NAME **BARNES, CURTIS**

STREET ADDRESS **624 ORTON AVE. #4**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **PRESIDENT** Change Addition

NAME **BARNES, CURTIS**

STREET ADDRESS **624 ORTON AVE #4**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **T** Delete

NAME **DE BENEDICTIS, ROBERT**

STREET ADDRESS **624 ORTON AVE #15**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE **S** Delete

NAME **GOBOUT, JEAN-DENIS**

STREET ADDRESS **624 ORTON AVE. #16**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE **D** Delete

NAME **POTVIN, MAURICE**

STREET ADDRESS **624 ORTON AVE., #1**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **VICE PRESIDENT** Change Addition

NAME **PRYCE-STEWART JUDITH**

STREET ADDRESS **624 ORTON AVE #18**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **S** Delete

NAME **GODBOUT, JEAN-DENIS**

STREET ADDRESS **624 ORTON AVE. #16**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

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: *SECRETARY* *J. Gobout* **GODBOUT JEAN-DENIS** **2008-04-30**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954)561-3303