

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005684

1. Entity Name
CONCERNED HOMEOWNERS OF SOUTH BEACH, INC.



Principal Place of Business
5315 W SHORE DR
NEW PORT RICHEY, FL 34652

Mailing Address
5315 W SHORE DR
NEW PORT RICHEY, FL 34652



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535872	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

STEIN, STEPHEN E
5315 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CADWELL, JEFF
STREET ADDRESS 5321 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D
NAME STEIN, STEPHEN E
STREET ADDRESS 5315 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D
NAME SCHLYER, ARTHUR
STREET ADDRESS 5321 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000783416
01/16/08-80014-004 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/08 (727) 849-9262