

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 021 ****61.25

DOCUMENT # N99000001059

1. Entity Name
CENTRAL BEACH ALLIANCE OF FORT LAUDERDALE, INC.



Principal Place of Business
100 S. BIRCH RD
SUITE 2001
FORT LAUDERDALE, FL 33316 US

Mailing Address
100 S. BIRCH RD
SUITE 2001
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business - No P.O. Box #
1901 N Ocean Blvd

Suite, Apt. #, etc.
10-6

3. Mailing Address
1901 N. Ocean Blvd

Suite, Apt. #, etc.
10-6

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33305

Country
USA

Zip
33305

Country
USA

07202007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0904360

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSMAN, STEVEN
1901 N OCEAN BLVD, APT 10-6
FORT LAUDERDALE, FL 33305

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 *David Bernier*

7.20.07

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 September 14, 2007

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GLASSMAN, STEVEN	100 S. BIRCH RD., APT 2001	FORT LAUDERDALE, FL 33316	<input type="checkbox"/>
D	HOLLAND, JOE	1919 NE 32ND AVE	FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/>
D	SMITH, SHIRLEY	1 LAS OLAS CIRCLE #901	FORT LAUDERDALE, FL 33316	<input type="checkbox"/>
T	BERNIER, DAVID	100 S. BIRCH ROAD, APT 2001	FT. LAUDERDALE, FL 33316	<input type="checkbox"/>
P	GLASSMAN, STEVEN	1901 N OCEAN BLVD, APT 10-C	FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Duplicate
D	D'ANGELO, JOHN	511 BAYSHORE DR APT 401	FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JAMES, SADLER	3073 Harbor Dr, Apt 17	Fort Lauderdale, FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MUELLER, MICHAEL	2300 NE 33rd Ave, Apt 305	Fort Lauderdale, FL 33305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MURRAY, SHERAWN	700 Bayshore Dr, Apt 19	Fort Lauderdale, FL 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WARD, JOANN	3055 Harbor Dr. Apt 1702	Fort Lauderdale, FL 33316	<input type="checkbox"/>	<input checked="" 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: *David Bernier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07

Date

954-324-6970

Daytime Phone #