2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001059

FILED Feb 16, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

101 S. FORT LAUDERDALE BEACH BLVD 101 S. FORT LAUDERDALE BEACH BLVD

#1704 #1106

FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 US

Current Mailing Address: New Mailing Address:

101 S. FORT LAUDERDALE BEACH BLVD P.O. BOX 2093

1704 FORT LAUDERDALE, FL 33303 US

FEI Number: 65-0904360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEAVER, JOHN WEAVER, JOHN

101 S. FT LAUDERDALE BEACH BLVD
1704

101 S. FT LAUDERDALE BEACH BLVD
#1106

FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: 02/16/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

FORT LAUDERDALE, FL 33316

Title: F

Name: WEAVER, JOHN

Address: 101 S. FT LAUDERDALE BEACH BLVD 1106

City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP

Name: LALWANI, MONTY

Address: 853 N. FT LAUDERDALE BEACH BLVD City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T

Name: GALIETTE, CYNTHIA
Address: 715 BAYSHORE DRIVE, #503
City-St-Zip: FORT LAUDERDALE, FL 33304

Title:

Name: TURNER, KAREN

Address: 550 BAYSHORE DRIVE, #503 City-St-Zip: FORT LAUDERDALE, FL 33304

Title:

 Name:
 CARLSON, FRED

 Address:
 625 ORTON AVENUE, #20

 City-St-Zip:
 FORT LAUDERDALE, FL 33304

Title: [

Name: HIERS, DEBRA

Address: 545 FORT LAUDERDALE BEACH BLVD., #903

City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA GALIETTE T 02/16/2012