

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 029 ****61.25

DOCUMENT # N99000007231

1. Entity Name
**SILVER BEACH TOWERS EAST CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**15000 EMERALD COAST PARKWAY
DESTIN, FL 32541**

Mailing Address
**12273 US HWY 98
STE. 208
DESTIN, FL 32550**

50030522



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3724592

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

**SUNCOAST ASSOCIATION MGMT.
12273 US HWY 98
STE. 208
DESTIN, FL 32550**

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

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, 2005**

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 **D** ☒ Delete
NAME **BECNEL, THOMAS R**
STREET ADDRESS **15000 EMERALD COST PKWY.**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete
NAME **MASTANDREA, TONY**
STREET ADDRESS **2725 FLORENCE ANN TERRACE**
CITY-ST-ZIP **BUFORD, GA 30519**

TITLE **PD** ☒ Delete
NAME **CRAIG, TERRY**
STREET ADDRESS **1050 HWY 98 EAST #1202**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **STD** ☐ Delete
NAME **VANCE, TRAVIS**
STREET ADDRESS **1450 DANA ROAD**
CITY-ST-ZIP **VICKSBURG, MS 39180**

TITLE **VD** ☐ Delete
NAME **SMITH, ED**
STREET ADDRESS **1305 SUMMERHILL DR.**
CITY-ST-ZIP **MALVERN, PA 19855**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Hilton J. Eymard, JR.**
STREET ADDRESS **1415 Soniat Street**
CITY-ST-ZIP **New Orleans, LA 70115**

TITLE **VD** ☒ Change ☐ Addition
NAME **Tony Mastandrea**
STREET ADDRESS **2725 Florence Ann Terrace**
CITY-ST-ZIP **Buford, GA 30519**

TITLE **D** ☐ Change ☒ Addition
NAME **Russ Herman**
STREET ADDRESS **5346 Chestnut St.**
CITY-ST-ZIP **New Orleans, LA 70113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Ed Smith**
STREET ADDRESS **1305 Summerhill Dr.**
CITY-ST-ZIP **Malvern, PA 19855**

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 exemption stated in Section 119.07(3)(i), 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 #

3/21/05