2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N9900007422 1. Entity Name BEACHWALK OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.						-		
835 20TH P	ce of Business 'LACE 1, FL 32960	Mailing Address 835 20TH PLACE VERO BEACH, FL 32960	0		. 111 12112 13111 13211 12211	CR2E037 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required Registered Agent		
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0117200	8 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Nur 59-30	nber 881707			
Zip	Country	Zip	Country	5. Certific	ate of Status Desire	d 🗀 \$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of Ne	w Registered Agent		
MEDDU	CDAIC		Name	Name				
MERRILL, 835 20TH VERO BE] . '		(P.O. Box Number is Not Acceptable)			
	NOT, 12 32300		70	k. <u> </u>	<u>, (51.4</u>	•		
			City	•		FL Zin.Co	1 0	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered office or	registered agent, or	both, in the State o	f Florida. I am familiar with	, and accept	
CICNATURE								
SIGNATURE	Stignature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating:		DATE		
SIGNATURE	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 ма	v Be	DATE Make check payable to forida Department of S		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 Ma	y Be es F	Make check payable to lorida Department of S	itate :	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

VERO BEACH, FL 32963

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Daytime Phone #