

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000076259

1. Entity Name
ELEVENTH BEACH, INC.



Principal Place of Business
900 WEST LINTON BOULEVARD, SUITE 200A
DELRAY BEACH, FL 33444

Mailing Address
900 WEST LINTON BOULEVARD, SUITE 200A
DELRAY BEACH, FL 33444

FILED
Apr 17, 2006 08:00 AM
Secretary of State



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0588666 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPHSON, JAY
900 WEST LINTON BOULEVARD, SUITE 200A
DELRAY BEACH, FL 33444

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOSEPHSON, JAY
STREET ADDRESS 900 WEST LINTON BOULEVARD, SUITE 200A
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME EVANS, BRUCE ELLIOT
STREET ADDRESS 190 WEST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

U00000510915
04/29/06-80028-004 150.00

**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 607, 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

4/13/06

Date

561-272-5355

Daytime Phone #