

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010689

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: BEACHSPORTS TURNBERRY INC.

**Current Principal Place of Business:**

19999 W. COUNTRY CLUB DR.  
AVENTURA, FL 33180

**New Principal Place of Business:**

20650 NE 25 PLACE  
AVENTURA, FL 33180

**Current Mailing Address:**

20650 NE 25 PLACE  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-0717521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALICIC, SHAWN A  
20650 NE 25 PLACE  
AVENTURA, FL 33180 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: KARPY, BRETT  
Address: 20650 NE 25 PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: P/D ( ) Delete  
Name: GALICIC, SHAWN A  
Address: 20650 NE 25 PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: S/D ( ) Delete  
Name: GALICIC, DENISE  
Address: 20650 NE 25 PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: T/D ( ) Delete  
Name: KARPY, JOHN  
Address: 20650 NE 25 PLACE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN A. GALICIC

P/D

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date