

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S77614** (3)

1. Corporation Name

AT THE BEACH REALTY INC.



Principal Place of Business

Mailing Address

4320 A1A SOUTH
SUITE 8
ST AUGUSTINE FL 32084

4320 A1A SOUTH
SUITE 8
ST AUGUSTINE FL 32084

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1991

3a. Date of Last Report

01/19/1995

4. FEI Number

59-3080927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MORAR, GEORGE J
4320 A1A SOUTH
SUITE 8
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PM
STREET ADDRESS MORAR, GEORGE J
CITY-ST-ZIP 654 ANDREW AVENUE
ST. AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME V
STREET ADDRESS SEYBOLD, MICHAEL
CITY-ST-ZIP 9 VESSAGI DRIVE
ST. AUGUSTINE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V
2.3 STREET ADDRESS Couture, Richard J.
2.4 CITY-ST-ZIP 713 Saco Ct.
St. Augustine, FL 32086

TITLE ☐ DELETE
NAME V
STREET ADDRESS VETTER, PAUL
CITY-ST-ZIP 530 W TROPIC WAY
ST. AUGUSTINE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS Vetter, Paul
3.4 CITY-ST-ZIP 530 W. Tropic Way
St. Augustine, FL 32084

TITLE ☒ DELETE
NAME S
STREET ADDRESS CHAPMAN, CINDY
CITY-ST-ZIP 4212 OAK LANE
ST. AUGUSTINE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS KALMUN, LEE
CITY-ST-ZIP 544 WOODCHASE DRIVE
ST. AUGUSTINE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
STREET ADDRESS KIRKPATRICK, JOHN
CITY-ST-ZIP 33 DEANNE DR
ST. AUGUSTINE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

904-471-2100

CR2E034 (12/95)