2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

May 09, 2006 8:00 am Secretary of State **DOCUMENT # 743852** 1. Entity Name 05-09-2006 90072 048 ****61.25 222 BEACH ROAD OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2198 PRINCETON ST 2198 PRINCETON ST STE #20 SARASOTA FL 34237 STE #20 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address 4920 Fruitville Road 4920 Fruitville Road Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2054401 Sarasota, Fl Sarasota, Not Applicable Zıp Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34232 Sarasota 34232 Sarasota 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MA - CON INC Street Address (P.O. Box Number is Not Acceptable) 2198 PRINCETON ST STE #20 4920 Fruitville Road SARASOTA FL 34237 Zip Code Sarasota 34232 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Change Addition ☐ Delete THE TITLE FANKHAUSER, PHILIP NAME 222 BEACH RD #4 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CJIY-SI-ZP Delete TITLE ☐ Change ☐ Addition THIE DORNON, KATHLEEN NAME NAME 222 BEACH RD #7 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition BLAISING, STEPHEN NAME STREET ADDRESS 222 BEACH RD #5 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP Change Addition TD ☐ Delete TITLE TITLE LIROFF, RICHARD NAME NAME STREET ADDRESS 222 BEACH RD #9 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP City-St-ZiP ☐ Delete TITLE ☐ Change ☐ Addition HATFIELD, ALLEN NAME MALIF 222 BEACH RD #10 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition mF NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 allighter like empowered.

FILED