

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004608

Entity Name: THE TERRACES AT BEACHSIDE CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**32 S. FLETCHER AVE
AMELIA ISLAND, FL 32034**Current Mailing Address:**P.O. BOX 6024
AMELIA ISLAND, FL 32035 US**FEI Number: 73-1692428****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 US*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**Officer/Director Detail :**

Title	PD
Name	SIMONETTI, SHERRI
Address	2104 W. MAJORY AVE
City-State-Zip:	TAMPA FL 33606

Title	SD
Name	GERSTNER, KATHY
Address	1193 W WILDHORSE DRIVE
City-State-Zip:	CHANDLER AZ 85286

Title	TD
Name	ROBINSON, TIM
Address	983 CR 415
City-State-Zip:	KILLEN AL 35645

Title	DIRECTOR
Name	KLODELL, CYNTHIA
Address	4114 SW 69TH AVENUE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	WADE, KEN
Address	105 S. FLETCHER AVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	VP, D
Name	PETERSON, GEOFF
Address	103 S. FLETCHER AVE
City-State-Zip:	FERNANDINA BEACH FL 32034

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY ROBINSON**TREASURER****04/29/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date