

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 199727

**Entity Name:** ALBERTA-BEALE INC

**Current Principal Place of Business:**

90 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O JMA COMMUNITY MANAGEMENT, INC  
1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 59-6072981

**Certificate of Status Desired:** No

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

LINDSAY E RAPHAEL, ESQ  
1001 W YAMATO RD  
SUITE 401  
BOCA RATON, FL 33431 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:** LINDSAY E RAPHAEL

09/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KELOKATES, MARIA LANA  
Address        C/O JMA COMMUNITY MANAGEMENT,  
                  INC  
                  1375 GATEWAY BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

Title           PRESIDENT  
Name           SHERMAN, ROSLYN  
Address        C/O JMA COMMUNITY MANAGEMENT,  
                  INC  
                  1375 GATEWAY BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

Title           DIRECTOR  
Name           BURKE, WALTER  
Address        C/O JMA COMMUNITY MANAGEMENT,  
                  INC  
                  1375 GATEWAY BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

Title           VP  
Name           WRIGHT, JEAN  
Address        C/O JMA COMMUNITY MANAGEMENT,  
                  INC  
                  1375 GATEWAY BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

Title           SECRETARY  
Name           QUILLIAN, LISA  
Address        C/O JMA COMMUNITY MANAGEMENT,  
                  INC  
                  1375 GATEWAY BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

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

**SIGNATURE:** ROSLYN SHERMAN

PRESIDENT

09/08/2022

Electronic Signature of Signing Officer/Director Detail

Date