| DELIA, ROBERT 263 WEST CIRCLE BRISTOL, FL 19007 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 | : ROBERT DELIA | | | 01/22/2015 | | |
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | D | Title | Ρ | | | |
| Name | KRAMER,, ROBERT | Name | DELIA, BOB | | | |
| Address | 5690 GENEVIEVE PLACE | Address | 263 W. CIRCLE | | | |
| City-State-Zip: | FAIRFIELD OH 45014 | City-State-Zip: | BRISTOL PA 19007 | | | |
| Title | D | Title | D | | | |
| Name | PAQUETTE,, BRUCE | Name | LIPMAN, MICHELE | | | |
| Address | 516 BEACH ROAD | Address | 303 LONGBOW TRAIL | | | |
| City-State-Zip: | SARASOTA FL 34242 | City-State-Zip: | OSPREY FL 34229 | | | |
| Title | D | Title | D | | | |
| Name | LENZ, ROBERT | Name | SESSA, LISA . | | | |
| Address | 524 BEACH ROAD UNIT C | Address | 4040 FLOUNDERS CLUB DR | | | |
| City-State-Zip: | SARASOTA FL 34242 | City-State-Zip: | SARASOTA FL 34240 | | | |

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: BOB DELIA

TREASURER

01/22/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719196

Entity Name: 524 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

524 BEACH ROAD SARASOTA, FL 34242

Current Mailing Address:

263 WEST CIRCLE BRISTOL, PA 19007 US

FEI Number: 62-1083230

Name and Address of Current Registered Agent:

DELIA, ROBERT 26 BI

| | o o o | | | | | |
|---------------------------|-----------------------|-----------------|------------------------|--|--|--|
| Officer/Director Detail : | | | | | | |
| Title | D | Title | Р | | | |
| lame | KRAMER,, ROBERT | Name | DELIA, BOB | | | |
| Address | 5690 GENEVIEVE PLACE | Address | 263 W. CIRCLE | | | |
| City-State-Zip: | FAIRFIELD OH 45014 | City-State-Zip: | BRISTOL PA 19007 | | | |
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| lame | PAQUETTE,, BRUCE | Name | LIPMAN, MICHELE | | | |
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| lame | LENZ, ROBERT | Name | SESSA, LISA . | | | |
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| City-State-Zip: | SARASOTA FL 34242 | City-State-Zip: | SARASOTA FL 34240 | | | |
| | | | | | | |

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 22, 2015 Secretary of State CC6196141441

Certificate of Status Desired: No