

FILE NOW: FILING FEE IS \$61.25

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02-22-1999 90037 008 \*\*\*\*61.25

LEGAL NOTICE MADE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 719196**  
 1. Corporation Name  
**524 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>524 BEACH ROAD<br/>BOX XYZ<br/>SARASOTA FL 34242<br/>US</b> | Mailing Address<br><b>524 BEACH ROAD<br/>BOX XYZ<br/>SARASOTA FL 34242<br/>US</b> |
|---|---|



|   |  |   |                                    |                               |
|---|--|---|------------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br><b>08/26/1970</b>                          | 4. FEI Number<br><b>62-1083230</b> | Applied For<br>Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required     |                               |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees        |                               |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>PAQUETTE, BRUCE W<br/>516 BEACH RD<br/>SARASOTA FL 34242</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|--|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|---|---|
| TITLE<br><b>VD</b>                          | NAME<br><b>BOYD, THOMAS S.</b>          | 1.1 TITLE<br><b>PD</b>                                | 1.1 NAME<br><b>KRAMER, Robert</b>             |
| STREET ADDRESS<br><b>5020 FAIRFAX DRIVE</b> | CITY-ST-ZIP<br><b>LAKELAND FL</b>       | 1.2 STREET ADDRESS<br><b>5690 GENEVIEVE PL.</b>       | 1.2 CITY-ST-ZIP<br><b>FAIRFIELD, OH 45014</b> |
| TITLE<br><b>PD</b>                          | NAME<br><b>DOYLE, JOHN</b>              | 2.1 TITLE<br><b>VD</b>                                | 2.1 NAME<br><b>DELIA, DIANE</b>               |
| STREET ADDRESS<br><b>524 BEACH RD</b>       | CITY-ST-ZIP<br><b>SARASOTA FL 34242</b> | 2.2 STREET ADDRESS<br><b>263 W. CIRCLE</b>            | 2.2 CITY-ST-ZIP<br><b>BRISTOL, PA 19007</b>   |
| TITLE<br><b>PD</b>                          | NAME<br><b>PAQUETTE, BRUCE</b>          | 3.1 TITLE<br><b>D</b>                                 | 3.1 NAME<br><b>Bruce Paquette</b>             |
| STREET ADDRESS<br><b>516 BEACH ROAD</b>     | CITY-ST-ZIP<br><b>SARASOTA FL</b>       | 3.2 STREET ADDRESS<br><b>516 BEACH ROAD</b>           | 3.2 CITY-ST-ZIP<br><b>SARASOTA FL 34242</b>   |
| TITLE                                       | NAME                                    | 4.1 TITLE   | 4.1 NAME                                      |
| STREET ADDRESS                              | CITY-ST-ZIP                             | 4.2 STREET ADDRESS                                    | 4.2 CITY-ST-ZIP                               |
| TITLE                                       | NAME                                    | 5.1 TITLE   | 5.1 NAME                                      |
| STREET ADDRESS                              | CITY-ST-ZIP                             | 5.2 STREET ADDRESS                                    | 5.2 CITY-ST-ZIP                               |
| TITLE                                       | NAME                                    | 6.1 TITLE   | 6.1 NAME                                      |
| STREET ADDRESS                              | CITY-ST-ZIP                             | 6.2 STREET ADDRESS                                    | 6.2 CITY-ST-ZIP                               |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce W. Paquette DATE: 1/13/99 PHONE: 346-2312

CR2E037 (1/98)