

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 24 AM 8:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 720403 (5)**  
1. Corporation Name  
**500 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1 TURTLE BEACH ROAD  
VERO BEACH FL 32963**

3. Date Incorporated or Qualified **03/03/1971** 3a. Date of Last Report **04/21/1994**  
4. FBI Number **59-1444208** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 24. Country 25. Zip 29. Country 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROSE, M L  
1 TURTLE BEACH ROAD  
VERO BCH FL 32963**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BRECKER, RICHARD L.</b>
STREET ADDRESS	<b>500 BEACH RD APT #111</b>
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>HARRIS, HITER</b>
STREET ADDRESS	<b>500 BCH RD APT 102</b>
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>WILLIAMS, GEORGE</b>
STREET ADDRESS	<b>500 BCH RD #214</b>
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>
TITLE	<b>VPD</b>
NAME	<b>WILSON, LYLE</b>
STREET ADDRESS	<b>500 BEACH ROAD APT. #208</b>
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>BATES, JAMES S</b>
STREET ADDRESS	<b>500 BEACH ROAD, APT. 307</b>
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>
TITLE	<b>AS</b>
NAME	<b>ROSE, MICHAEL L</b>
STREET ADDRESS	<b>1 TURTLE BEACH ROAD</b>
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(k), 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.

**SIGNATURE:** **Michael L. Rose** **4/17/95** **407-231-1666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)