



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90015 013 ****61.25

DOCUMENT # 720403					
1. Entity Name 500 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 TURTLE BEACH ROAD VERO BEACH, FL 32963			Mailing Address 1 TURTLE BEACH ROAD VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1444208	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, PETER H 1 TURTLE BEACH ROAD VERO BCH, FL 32963			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 4/21/2008		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAAS, WARREN	NAME	Wunderlich, Bill		
STREET ADDRESS	500 BEACH RD APT 306	STREET ADDRESS	500 Beach Road apt. 212		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	AS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YOUNG, PETER H	NAME	Hoynes, Louis L.		
STREET ADDRESS	1 TURTLE BEACH ROAD	STREET ADDRESS	500 Beach Road 311		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYONS, PEGGY	NAME			
STREET ADDRESS	500 BEACH ROAD, APT 102	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAXE, GERALD C	NAME	Haas, Peter		
STREET ADDRESS	500 BEACH RD APT 110	STREET ADDRESS	500 Beach Road apt 306		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUNDERS, KENNETH	NAME	Saxe, Gerald		
STREET ADDRESS	500 BEACH ROAD, APT 210	STREET ADDRESS	500 Beach Road apt 110		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANAHAN, RICHARD	NAME	Gerstner, Larry C.		
STREET ADDRESS	1 TURTLE BEACH ROAD	STREET ADDRESS	1 Turtle Beach, Road		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Vero Beach, FL 32963		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Date 4/21/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		