2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720403

FILED Mar 17, 2009 Secretary of State

Entity Name: 500 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	E BEACH ROAI ACH, FL 3296:					
	,					
Current Mailing Address:			New Maili	New Mailing Address:		
	E BEACH ROAI ACH, FL 3296:					
El Number	r: 59-1444208	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:		
	PETER H E BEACH ROAI H, FL 32963	O US				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	TD () HAAS, WARRE 500 BEACH RD VERO BEACH,	APT 306	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	AS () YOUNG, PETEI 1 TURTLE BEA VERO BEACH,	CH ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	S () LYONS, PEGG 500 BEACH RO		Title: Name: Address:	() Change () Addition		
Address: City-St-Zip:	VERO BEACH,	FL 32963	City-St-Zip:			
		Delete	Title: Name: Address:	VD (X) Change () Addition WUNDERLICH, WILLIAM 500 BEACH RD APT 212 VERO BEACH, FL 32963		
City-St-Zip: Fitle: Name: Address:	VD () HAAS, PETER 500 BEACH RD VERO BEACH,	Delete APT 306 FL 32963 Delete APT 110	Title: Name: Address:	WUNDERLICH, WILLIAM 500 BEACH RD APT 212		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY C. GERSTNER OFFI 03/17/2009