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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90228 009 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720403

1. Corporation Name
500 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/03/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-1444208	
24 Country		30 Country		Applied For	
				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				10. Name and Address of New Registered Agent			
ROSE, M L 1 TURTLE BEACH ROAD VERO BCH FL 32963				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRECKER, RICHARD L.		1.2 NAME				
STREET ADDRESS	500 BEACH RD APT #111		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 00000		1.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARKER, JOHN E.		2.2 NAME				
STREET ADDRESS	1 TURTLE BEACH ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LYONS, EDWARD P		3.2 NAME	LYONS, EDWARD P.			
STREET ADDRESS	500 BEACH RD, #103		3.3 STREET ADDRESS	500 BEACH ROAD APT.#102			
CITY-ST-ZIP	VERO BEACH, FL 00000 32963		3.4 CITY-ST-ZIP	VERO BEACH, FL 32963			
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON, LYLE		4.2 NAME				
STREET ADDRESS	500 BEACH ROAD APT. #208		4.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BCH, FL 00000		4.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARTIN, MAURICE L.		5.2 NAME	SAUNDERS, KENNETH			
STREET ADDRESS	500 BEACH ROAD, APT. 308		5.3 STREET ADDRESS	500 BEACH ROAD APT.#210			
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP	VERO BEACH, FL. 32963			
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSE, MICHAEL L		6.2 NAME				
STREET ADDRESS	1 TURTLE BEACH ROAD		6.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 00000		6.4 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)(i), 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: SIGNATURE REQUIRED Michael L. Rose April 16, 1999 (561) 231-1666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)