

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90087 032 \*\*\*\*61.25

**DOCUMENT # 720403**

1. Entity Name

**500 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD  
 VERO BEACH FL 32963

1 TURTLE BEACH ROAD  
 VERO BEACH FLA 32963-3452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1444208**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, M L**  
**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD BRECKER, RICHARD L.**  
 STREET ADDRESS **500 BEACH RD APT #111**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS BARKER, JOHN E.**  
 STREET ADDRESS **1 TURTLE BEACH ROAD**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S LYONS, EDWARD P**  
 STREET ADDRESS **500 BEACH ROAD, APT 102**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME **S John Korkoran**  
 STREET ADDRESS **500 Beach Road APT #110**  
 CITY-ST-ZIP **Vero Beach FL 32963**

TITLE  Delete  
 NAME **VPD WILSON, LYLE**  
 STREET ADDRESS **500 BEACH ROAD APT. #208**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SAUNDERS, KENNETH**  
 STREET ADDRESS **500 BEACH ROAD, APT 210**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS ROSE, MICHAEL L**  
 STREET ADDRESS **1 TURTLE BEACH ROAD**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:** SIGNATURE REQUIRED Michael L. Rose 3/28/00 (561)231-1666  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)