

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 764466 (9)**  
1. Corporation Name  
**1000 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**

**APPROVED  
AND  
FILED**  
**95 APR 24 AM 8:38**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963**  
**1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/09/1982** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **59-2158377** 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 Country 29. Zip Country

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

8. Name and Address of Current Registered Agent  
**ROSE, MICHAEL L.  
1 TURTLE BEACH ROAD  
VERO BEACH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, WILLIAM O.</b>	1.2 NAME	
STREET ADDRESS	<b>1000 BEACH RD APT 299</b>	1.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>INDIAN RVR SHRS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOTLER, LORI (MRS)</b>	2.2 NAME	
STREET ADDRESS	<b>1000 BCH RD, #195</b>	2.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>VERO BCH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARGENT, MR. RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1000 BEACH ROAD APT 398</b>	3.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>INDIAN RVR SHRS, FL00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ADS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATES, ALVIN B. (MRS.)</b>	4.2 NAME	
STREET ADDRESS	<b>1000 BEACH RD APT 199</b>	4.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>INDIAN RVR SHRS FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONOVAN, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>1000 BEACH RD #198</b>	5.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>INDIAN RVR SHRS FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, MICHAEL L.</b>	6.2 NAME	
STREET ADDRESS	<b>1 TURTLE BEACH RD.</b>	6.3 STREET ADDRESS	<b>Vero Beach, FL 32963</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>	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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 a 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 BOARDING OFFICER OR DIRECTOR Date Telephone #