

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764466

**Entity Name:** 1000 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963

**Current Mailing Address:**

1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963

**FEI Number:** 59-2158377

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMUNITY CONDOMINIUM SERVICES INC  
1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP  
Name SCOTT, JOHN  
Address 1000 BEACH ROAD APT 199  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name ZIEGLER, FRANK  
Address 1000 BEACH ROAD APT 195  
City-State-Zip: VERO BEACH FL 32963

Title PRESIDENT  
Name POOLE, JAMES R.  
Address 1000 BEACH ROAD APT 396  
City-State-Zip: VERO BEACH FL 32963

Title ASST. SECRETARY  
Name LOUGHLIN, DAVID J  
Address 1 TURTLE BEACH ROAD  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name CATES, ELIZABETH  
Address 1000 BEACH ROAD, APT 399  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name MAGUIRE, ALAN  
Address 1000 BEACH ROAD, APT 197  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name HACK, RANDALL  
Address 1000 BEACH ROAD, APT 295  
City-State-Zip: VERO BEACH FL 32963

Title TREASURER  
Name MADDY, JOAN G  
Address 1000 BEACH ROAD, APT 294  
City-State-Zip: VERO BEACH FL 32963

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID LOUGHLIN

**ASST SECRETARY**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           EHMANN, MARY C.  
Address        1000 BEACH ROAD, APT 194  
City-State-Zip: VERO BEACH FL 32963