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

Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VICE-PRESIDENT	Title	ASST. SECRETARY
Name	ZIEGLER, FRANK	Name	LOUGHLIN, DAVID J
Address	1000 BEACH ROAD APT 195	Address	1 TURTLE BEACH ROAD
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
Title	DIRECTOR	Title	PRESIDENT
Name	CATES, ELIZABETH	Name	MAGUIRE, ALAN
Address	1000 BEACH ROAD, APT 399	Address	1000 BEACH ROAD, APT 197
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
Title	TREASURER	Title	SECRETARY
Title Name	TREASURER HACK, RANDALL	Title Name	SECRETARY EHMANN, MARY C.
Name	HACK, RANDALL	Name	EHMANN, MARY C. 1000 BEACH ROAD, APT 194
Name Address	HACK, RANDALL 1000 BEACH ROAD, APT 295	Name Address	EHMANN, MARY C. 1000 BEACH ROAD, APT 194
Name Address City-State-Zip:	HACK, RANDALL 1000 BEACH ROAD, APT 295 VERO BEACH FL 32963	Name Address City-State-Zip:	EHMANN, MARY C. 1000 BEACH ROAD, APT 194 VERO BEACH FL 32963
Name Address City-State-Zip: Title	HACK, RANDALL 1000 BEACH ROAD, APT 295 VERO BEACH FL 32963 DIRECTOR	Name Address City-State-Zip: Title	EHMANN, MARY C. 1000 BEACH ROAD, APT 194 VERO BEACH FL 32963 ASST. SECRETARY
Name Address City-State-Zip: Title Name	HACK, RANDALL 1000 BEACH ROAD, APT 295 VERO BEACH FL 32963 DIRECTOR SCOTT, JOHN	Name Address City-State-Zip: Title Name	EHMANN, MARY C. 1000 BEACH ROAD, APT 194 VERO BEACH FL 32963 ASST. SECRETARY GENOVESE, JEANETTE

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

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 09, 2017 Secretary of State CC6199999184

Date

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