

**2018 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            VICE-PRESIDENT  
Name            ZIEGLER, FRANK  
Address        1000 BEACH ROAD APT 195  
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            PRESIDENT  
Name            MAGUIRE, ALAN  
Address        1000 BEACH ROAD, APT 197  
City-State-Zip: VERO BEACH FL 32963

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

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

*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**

**03/15/2018**

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

\_\_\_\_\_  
Date