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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764466 (9)
 1. Corporation Name
1000 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963	Mailing Address 1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963
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3. Date Incorporated or Qualified
08/09/1982

4. FEI Number 59-2158377	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ROSE, MICHAEL L.
 1 TURTLE BEACH ROAD
 VERO BEACH FL 32983**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FLEMING, WILLIAM O.	
STREET ADDRESS	1000 BEACH RD APT 299	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEAM, FRANCIS H	
STREET ADDRESS	1000 BEACH ROAD #294	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CATES, ELIZABETH S	
STREET ADDRESS	100 BEACH ROAD #399	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SADOWSKY, JOSEPH R	
STREET ADDRESS	1000 BEACH ROAD #295	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARKER, JOHN E.	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L.	
STREET ADDRESS	1 TURTLE BEACH RD.	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleming, William O.	
1.3 STREET ADDRESS	1000 Beach Road # 299	
1.4 CITY-ST-ZIP	VERO Beach- FL 32963	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beam, Francis H.	
2.3 STREET ADDRESS	1000 Beach Road # 294	
2.4 CITY-ST-ZIP	VERO Beach- FL 32963	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donovan, Richard	
3.3 STREET ADDRESS	1000 Beach Road # 196	
3.4 CITY-ST-ZIP	VERO Beach- FL 32963	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sutherland, Malcolm J.	
4.3 STREET ADDRESS	1000 Beach Road # 397	
4.4 CITY-ST-ZIP	VERO Beach- FL 32963	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Broadbent, Robert	
6.3 STREET ADDRESS	1000 Beach Road #199	
6.4 CITY-ST-ZIP	VERO Beach- FL 32963	

14. 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 annual report or supplement to 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 the 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 4-21-98 561-231-1166
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020707

CR2E037 (10/97)