

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90228 007 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

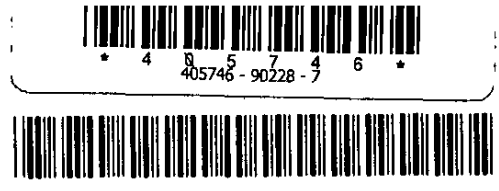


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764466

1. Corporation Name
1000 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/09/1982	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2158377	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSE, MICHAEL L. 1 TURTLE BEACH ROAD VERO BEACH FL 32963				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, WILLIAM O.		1.2 NAME	SUTHERLAND, MALCOLM J.	
STREET ADDRESS	1000 BEACH RD., #299		1.3 STREET ADDRESS	1000 BEACH ROAD #397	
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAM, FRANCIS H		2.2 NAME		
STREET ADDRESS	1000 BEACH ROAD #294		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATES, ELIZABETH S		3.2 NAME		
STREET ADDRESS	100 BEACH ROAD #399		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, RICHARD		4.2 NAME	DONOVAN, RICHARD	
STREET ADDRESS	1000 BEACH ROAD #196		4.3 STREET ADDRESS	1000 BEACH ROAD #196	
CITY-ST-ZIP	VERO BEACH FL 32963		4.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JOHN E		5.2 NAME		
STREET ADDRESS	1 TURTLE BEACH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MICHAEL L.		6.2 NAME		
STREET ADDRESS	1 TURTLE BEACH RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		

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 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 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, with all other like empowered.

SIGNATURE: Michael L. Rose April 16, 1999 (561)231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)