

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:47

DOCUMENT # 715924 (7)

1. Corporation Name

THE BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

100 BRAVADO LANE
PALM BEACH SHORES FLORIDA 33404

Mailing Address

100 BRAVADO LANE
PALM BEACH SHORES FLORIDA 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1969

3a. Date of Last Report

03/15/1994

4. FEI Number

23-7347638

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GILLILAND, BESSIE F
108 BRAVADO LN
PALM BEACH SHORES FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MOORE, WESLEY

STREET ADDRESS

1882 LINDSEY COURT

CITY - ST - ZIP

WELLINGTON FL

TITLE

VD

NAME

PIETIG, GENEVIEVE

STREET ADDRESS

220 LAKE DR.

CITY - ST - ZIP

PALM BCH SHORES FL

TITLE

SD

NAME

GILLILAND, BESSIE F

STREET ADDRESS

108 BRAVADO LANE

CITY - ST - ZIP

PALM BEACH SHORES FL

TITLE

D

NAME

HILKER, LEOTA

STREET ADDRESS

2412 AUBURN AVE.

CITY - ST - ZIP

DAYTON OH

TITLE

TD

NAME

GILLILAND, BESIE F

STREET ADDRESS

10 BRAVADO LANE

CITY - ST - ZIP

PALM BEACH SHORES FL

TITLE

D

NAME

PERKINS, ROWLAND

STREET ADDRESS

3265 SOUTHDALE DR., STE 2

CITY - ST - ZIP

DAYTON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

CAMPBELL, SCOTT

1.3 STREET ADDRESS

3040 LAKE SHORE DR, APT. 101

1.4 CITY - ST - ZIP

RIVIERA BEACH, FL. 33404

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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: Bessie F. Gilliland - Bessie F. Gilliland, Sec/Treas.

3/2/95

(407) 842-7429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE