

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715924** (7)
1. Corporation Name
THE BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 19940 GULF BLVD. INDIAN SHORES FL 34635	Mailing Address % PAREKH DENNARD & CO. 2700 EAST BAY DRIVE #107 LARGO FL 34681
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2. Principal Place of Business 21 108 BRAVADO LANE Suite, Apt. #, etc. 22 City & State 23 PALM BEACH SHORES Zip 24 33404	2a. Mailing Address 26 108 BRAVADO LANE Suite, Apt. #, etc. 27 City & State 28 PALM BEACH SHORES Zip 29 33404
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3. Date Incorporated or Qualified 01/22/1969	3a. Date of Last Report 03/07/1995
4. FEI Number 23-7347638	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GILLILAND, BESSIE F 108 BRAVADO LN PALM BEACH SHORES FL 33404	
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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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WESLEY	1.2 NAME	
STREET ADDRESS	1882 LINDSEY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETIG, GENEVIEVE	2.2 NAME	
STREET ADDRESS	220 LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH SHORES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, BESSIE F	3.2 NAME	
STREET ADDRESS	108 BRAVADO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILKER, LEOTA	4.2 NAME	
STREET ADDRESS	2412 AUBURN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, BESIE F	5.2 NAME	
STREET ADDRESS	10 BRAVADO LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, ROWLAND	6.2 NAME	
STREET ADDRESS	3285 SOUTHDALE DR., STE 2	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	6.4 CITY-ST-ZIP	

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 119.07(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 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: Bessie F Gilliland Date: July 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

CR2E037 (3/96)