



FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Moyn Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 715924 (7)</b> 1. Corporation Name <b>THE BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>108 BRAVADO LANE PALM BEACH SHORES FL 33404 US</b>		Mailing Address <b>108 BRAVADO LANE PALM BEACH SHORES FL 33404 US</b>			
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country		3. Date Incorporated or Qualified <b>01/22/1969</b> 4. FEI Number <b>23-7347638</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>GILLILAND, BESSIE F 108 BRAVADO LN PALM BEACH SHORES FL 33404</b>			
10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code FL</b>		11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 fee 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILKER, BRUCE		4.2 NAME		
STREET ADDRESS	108 BRAVADO LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33404		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLILAND, BESSIE 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERKINS, ROWLAND		6.2 NAME		
STREET ADDRESS	3285 SOUTHDAL DR., STE 2		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		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.					
SIGNATURE: <i>Bessie F. Gilliland</i> Sec/Treas Bessie F. Gilliland, Sec/Treas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Feb 28, 1998 Date 561-842-7429 Daytime Phone # 0040804					

CR2E037 (10/97)