

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715924

1. Entity Name

THE BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

108 BRAVADO LANE
PALM BEACH SHORES FL 33404
US

Mailing Address

108 BRAVADO LANE
PALM BEACH SHORES FL 33404-6203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7347638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, WESLEY	
STREET ADDRESS	1882 LINDSEY COURT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIETIG, GENEVIEVE	
STREET ADDRESS	220 LAKE DR.	
CITY-ST-ZIP	PALM BCH SHORES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILLILAND, BESSIE F	
STREET ADDRESS	108 BRAVADO LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILKER, BRUCE	
STREET ADDRESS	108 BRAVADO LANE	
CITY-ST-ZIP	PALM BEACH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLILAND, BESIE F	
STREET ADDRESS	10 BRAVADO LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, ROWLAND	
STREET ADDRESS	3265 SOUTHDALE DR., STE 2	
CITY-ST-ZIP	DAYTON OH	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Bessie F. Gilliland, Sec/Treas
SIGNATURE: *Bessie F. Gilliland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 2000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)