FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718096 (1)

1. Corporation Name

BEACH WAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MA-CON. INC 200 S WASHINGTON BLVD SARASOTA FL 34236	C/O MA-CON. INC 200 S WASHINGTON BLVD SARASOTA FL 34236

3. Date Incorporated or Qualified: 02/17/1970
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1316339 ☐ 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 XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEIL, WARREN 200 S WASHINGTON BLVD #4 SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	VD	☐ Change ☒ Addition
NAME	~~TOMASESKI, TAD~~	12 NAME	Adkins, Frank	
STREET ADDRESS	~~5600 BEACHWAY DR, STE 109~~	13 STREET ADDRESS	5600 Beachway Dr.	
CITY-ST-ZIP	~~SARASOTA FL~~	14 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	~~PD~~	21 TITLE	TD	☐ Change ☒ Addition
NAME	~~CLIFFORTH, ROBERT~~	22 NAME	Garrett, David	
STREET ADDRESS	~~5600 BEACHWAY DRIVE, # 104~~	23 STREET ADDRESS	3717-35th. Street	
CITY-ST-ZIP	~~SARASOTA FL~~	24 CITY-ST-ZIP	Moline, IL 61265	
TITLE	~~D~~	31 TITLE	D	☐ Change ☒ Addition
NAME	~~MAXWELL, COE~~	32 NAME	Conley, Dale M.	
STREET ADDRESS	~~5600 BEACHWAY DR #105~~	33 STREET ADDRESS	RR #1 - Box #128	
CITY-ST-ZIP	~~SARASOTA FL~~	34 CITY-ST-ZIP	Derby, VT 05829	
TITLE	~~VD~~	41 TITLE	PD	☒ Change ☐ Addition
NAME	TORCICOLLO, EDWARD	42 NAME		
STREET ADDRESS	5600 BEACHWAY DRIVE, # 203	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	LORENZ, SHERWOOD	52 NAME		
STREET ADDRESS	5600 BEACHWAY DR #210	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Edward Torcicollo EDWARD TORCICOLLO 3-27-95 (813) 346-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0010439