

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722988 (3)

1. Corporation Name
BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **211 CIRCLE DR CAPE CANAVERAL FL 32920 US**
Mailing Address: **315 BARRELLO LANE COCOA BEACH FL 32931**

3. Date Incorporated or Qualified: **03/24/1972**
3a. Date of Last Report: **04/06/1995**

21	2. Principal Place of Business 211 CIRCLE DR. CAPE CANAVERAL	22	2a. Mailing Address P.O. BOX 8131	4.	FEI Number 59-2369790	Applied For				
22	Suite, Apt. #, etc. OFFICE	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State CAPE CANAVERAL FL	28	City & State CAPE CANAVERAL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip 32920	25	Country U.S.A.	29	Zip 32920	30	Country U.S.A.	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

**ESQUIVEL, HERMAN
315 BARRELLO LN.
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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]* **PRESIDENT.** **FEB 26/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESQUIVEL, GRACE	
STREET ADDRESS	315 BARRELLO LN.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHEELS, LIZ	
STREET ADDRESS	1948 SOMESEE	
CITY-ST-ZIP	WHEATON IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELS, DOROTHY	
STREET ADDRESS	814 WABASH	
CITY-ST-ZIP	CARTHAGE IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ESQUIVEL, HERMAN	
STREET ADDRESS	315 BARRELLO LN.	
CITY-ST-ZIP	COCOA BCH. FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESQUIVEL, LETICIA	
STREET ADDRESS	611 MINIER AVE.	
CITY-ST-ZIP	MINIER IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

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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: *[Signature]* **PRESIDENT.** **2/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)