

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722988 (3)
1. Corporation Name
BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 211 CIRCLE DR CAPE CANAVERAL OFFICE CAPE CANAVERAL FL 32920 US	Mailing Address PO BOX 0000 1240 CAPE CANAVERAL FL 32920
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3. Date incorporated or Qualified 03/24/1972	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2369790	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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

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 *Herman Esquivel* **HERMAN ESQUIVEL** **1/10/97**
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	34259 WOODRIDGE LN.
CITY-ST-ZIP	COUSTIA FL. 32726
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	1020 NEW FOUND HARBOR DR.
CITY-ST-ZIP	MERBIT ISLAND FL. 32952
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	700002065637
5.3 STREET ADDRESS	-01/23/97--01010--034
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Herman Esquivel* **HERMAN ESQUIVEL** **1/10/97**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0077935

CR2E037 (9/96)