


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 1240 CAPE CANAVERAL FL 32920
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3. Date Incorporated or Qualified  
**03/24/1972**

4. FEI Number  
**59-2369790**

Applied For	Not Applicable
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2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State  
 27 City & State

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

23 Zip Country  
 24 Zip Country  
 25 Country  
 29 Zip Country  
 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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	FL 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* DATE: **JAN 8 1998**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	WHEELLES, LIZ
STREET ADDRESS	34259 WOODRIDGE LN.
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input type="checkbox"/> DELETE
NAME	WHEELLES, 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	MERRIT BLAND FL 32957
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	

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: *Herman Esquivel* **REQUIRED 7/8/98 407-784-6360**

CR2E037 (10/97)