

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90063 019 ****61.25

DOCUMENT # 722988

1. Entity Name

BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
211 CIRCLE DR CAPE CANAVERAL OFFICE CAPE CANAVERAL FL 32920 US	PO BOX 1240 CAPE CANAVERAL FL 32920-1240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2369790

Applied For
 Not Applicable

Zip Country

Zip Country

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

ESQUIVEL, HERMAN
315 BARRELLO LN.
COCOA BEACH FL 32931

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 *Herman Esquivel*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 7 / 2,000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	ESQUIVEL, GRACE	315 BARRELLO LN.	COCOA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	WHEELS, LIZ	34259 WOODRIDGE LN.	EUSTIS FL 32726	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WHEELS, DOROTHY	814 WABASH	CARTHAGE IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	ESQUIVEL, HERMAN	315 BARRELLO LN.	COCOA BCH, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ESQUIVEL, LETICIA	1020 NEW FOUND HARBOR DR.	MERRIT BLAND FL 32957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7 2,000
 Date
 Daytime Phone # **321 784-6360**

CR2E037 (9/99)