

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91019 038 ****61.25

DOCUMENT # 724181

1. Entity Name

BEACH HARBOR CLUB ASSOCIATION, INC



Principal Place of Business

3800 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

Mailing Address

380 INTERSTATE CT
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

381 Interstate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34240

4. FEI Number

59-1426706

Applied For

Not Applicable

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

SUN VAST MANAGEMENT AND SERVICES, INC.

380 INTERSTATE CT
SARASOTA FL 34240

Name

Street Address (P.O. Box Number is Not Acceptable)

381 Interstate Blvd

City

Sarasota

FL

Zip Code

34240

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME FINN, MARTIN
STREET ADDRESS 3808 GULF OF MEXICO DR #E212
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE TD
NAME William Hogan
STREET ADDRESS 3810 Gulf of Mexico Dr
CITY-ST-ZIP Longboat Key FL 34228 ☐ Change ☒ Addition

TITLE VD
NAME KNAB, JERRY M
STREET ADDRESS 3802 GULF OF MEXICO DR UNIT A-105
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME DEORANI, LILLIAN
STREET ADDRESS 3810 GULF OF MEXICO DR #F302
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BROCATO, BETTY
STREET ADDRESS 3808 GULF OF MEXICO DR, #E-412
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE SD
NAME Joanne Sheehan
STREET ADDRESS 3802 Gulf of Mexico
CITY-ST-ZIP Longboat Key FL 34228 ☐ Change ☒ Addition

TITLE PD
NAME HOOS, DONALD R
STREET ADDRESS 3804 GULF OF MEXICO DR UNIT B-106
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE D
NAME John Pappas
STREET ADDRESS 3800 Gulf of Mexico Dr
CITY-ST-ZIP Longboat Key FL 34228 ☐ Change ☒ Addition

TITLE D
NAME DRISCOLL, WILLIAM
STREET ADDRESS 3804 GULF OF MEXICO DR B203
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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:

Joanne Sheehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

(941) 383-1200

Daytime Phone #