

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724912** (1)
1. Corporation Name
BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2625 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931**
Mailing Address: **2625 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931**

2. Principal Place of Business: **2625 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931**
2a. Mailing Address: **2625 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931**
21. State, Apt. #, etc.:
22. City & State:
23. Zip:
24. Country:

3. Date Incorporated or Qualified: **11/30/1972**
3a. Date of Last Report: **03/13/1995**
4. FLE Number: **59-1457593**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ALLEN, MARY E.
10836 WONDER LANE
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent
81. Name: **WILLIAM J. SPECHA**
82. Street Address: **3799 S. BANANA RIVER BLVD. # 804**
83. City: **COCOA BEACH** FL 85. Zip Code: **32931**

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 to a 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: *William J. Specha*
Typed Name: **WILLIAM J. SPECHA**

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	STORCK, TERRY	
13. STREET ADDRESS	3319 CANAL DRIVE	
14. CITY-ST-ZIP	BOYNTON BEACH FL	
15. TITLE	SD	<input type="checkbox"/> DELETE
16. NAME	SPECHA, WILLIAM	
17. STREET ADDRESS	3799 S. BANANA RIVER BLVD # 804	
18. CITY-ST-ZIP	COCOA BEACH FL	
19. TITLE	VP	<input checked="" type="checkbox"/> DELETE
20. NAME	DUROCHER, MARIE	
21. STREET ADDRESS	2625 S. ATLANTIC AVE.	
22. CITY-ST-ZIP	COCOA BEACH, FL 0	
23. TITLE	TD	<input type="checkbox"/> DELETE
24. NAME	ALLEN, MARY E.	
25. STREET ADDRESS	10836 WONDER LANE	
26. CITY-ST-ZIP	WINDERMERE FL	
27. TITLE	D	<input type="checkbox"/> DELETE
28. NAME	BASILIERE, MADELINE	
29. STREET ADDRESS	2625 S. ATLANTIC AVE.	
30. CITY-ST-ZIP	COCOA BCH. FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

31. TITLE	DIRECTOR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	ROBERT BERTHEL	
33. STREET ADDRESS	6404 PLANTATION RD.	
34. CITY-ST-ZIP	SPRING HILL, FL 34606	
35. TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
36. NAME	MIDGE HUMPHREYS	
37. STREET ADDRESS	2625 S. ATLANTIC AV	
38. CITY-ST-ZIP	COCOA BEACH, FL 32931	
39. TITLE	STEVE STANTON DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
40. NAME	STEVE STANTON	
41. STREET ADDRESS	2730 APPOLOSA AV.	
42. CITY-ST-ZIP	ORLANDO, FL 32822	
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. CITY-ST-ZIP		
47. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. NAME		
49. STREET ADDRESS		
50. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
55. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
56. NAME		
57. STREET ADDRESS		
58. CITY-ST-ZIP		

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. 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: *William J. Specha* **WILLIAM J. SPECHA** 407-783-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)