

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

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



Principal Place of Business Mailing Address
2625 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931 2625 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931-2279

3. Date incorporated or Qualified 11/30/1972 3a. Date of Last Report 01/26/1996
4. FEI Number 59-1457593 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country
24 25 26 27 28 29 30

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 ALLEN, MARY E.
82 Street Address (P.O. Box Number is Not Acceptable) 10836 WONDER LANE
83 WINDERMERE, FL. 34786
84 City FL 85 Zip Code 34786

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 MARY E. ALLEN, TREAS & DIRECTOR (NOTE: Registered Agent signature required when relistating) DATE 2/7/97

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STORCK, TERRY	
STREET ADDRESS	3319 CANAL DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPECHA, WILLIAM	
STREET ADDRESS	3799 S BANANA RIVER BLVD # 804	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BERTHEL, ROBERT	
STREET ADDRESS	6404 PLANTATION RD	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLEN, MARY E.	
STREET ADDRESS	10836 WONDER LANE	
CITY - ST - ZIP	WINDERMERE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASILIERE, MADELINE	
STREET ADDRESS	2625 S. ATLANTIC AVE.	
CITY - ST - ZIP	COCOA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, MIDGE	
STREET ADDRESS	2625 S ATLANTIC AVE	
CITY - ST - ZIP	COCOA BEACH FL	

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	Same	
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEPHEN STANTON	
2.3 STREET ADDRESS	2730 APPOLOOSA RD	
2.4 CITY - ST - ZIP	Orlando, FL. 32822	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Same	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Same	
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TIMOTHY GILLAM	
5.3 STREET ADDRESS	2625 S. Atlantic Ave. Apt. 9	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cocoa Beach , Fl. 32931	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP	Same	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MARY E. ALLEN DEQUINED (NOTE: Signature and typed or printed name of signing officer or director) DATE 2/7/97 407-876-4174 Daytime Phone # 0019219

CR2E037 (9/96)