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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
11/30/1972

4. FEI Number
59-1457593

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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
24 Country	29 Country
25	30

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

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

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

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

**ALLEN, MARY E.
 10838 WONDER LANE
 WINDERMERE FL 34786**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	STORCK, TERRY		
STREET ADDRESS	3319 CANAL DRIVE		
CITY-ST-ZIP	BOYNTON BEACH FL		
TITLE	SD		
NAME	STANTON, STEPHEN		
STREET ADDRESS	2730 APPOLOOSA RD.		
CITY-ST-ZIP	ORLANDO FL		
TITLE	DV		
NAME	BERTHEL, ROBERT		
STREET ADDRESS	6404 PLANTATION RD		
CITY-ST-ZIP	SPRING HILL FL		
TITLE	TD		
NAME	ALLEN, MARY E.		
STREET ADDRESS	10838 WONDER LANE		
CITY-ST-ZIP	WINDERMERE FL		
TITLE	D		
NAME	GILLAM, TIMOTHY		
STREET ADDRESS	2625 S. ATLANTIC AVE., APT. 9		
CITY-ST-ZIP	COCOA BCH. FL		
TITLE	D		
NAME	HUMPHREYS, MIDGE		
STREET ADDRESS	2625 S ATLANTIC AVE		
CITY-ST-ZIP	COCOA BEACH FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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: *Mary E. Allen* **MARY E. ALLEN** *4-21-98* **407-876-4174**

CR2E037 (10/97)