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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90139 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724912

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1457593
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 DATE 3/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORCK, TERRY	12 NAME	<u>D ALVIN AURAND</u>
STREET ADDRESS	3319 CANAL DRIVE	13 STREET ADDRESS	<u>131 SW 58th AVE,</u>
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	<u>PLANTATION, FL 33317</u>
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANTON, STEPHEN	22 NAME	<u>D MADELINE BASILIERE</u>
STREET ADDRESS	2730 APPOLOOSA RD.	23 STREET ADDRESS	<u>2625 S. ATLANTIC AVE - UNIT #3</u>
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	<u>COCOA BEACH, FL 32931</u>
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHEL, ROBERT	32 NAME	
STREET ADDRESS	6404 PLANTATION RD	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARY E.	42 NAME	
STREET ADDRESS	10836 WONDER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLAM, TIMOTHY	52 NAME	
STREET ADDRESS	2625 S. ATLANTIC AVE., APT. 9	53 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREYS, MIDGE	62 NAME	
STREET ADDRESS	2625 S ATLANTIC AVE	63 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	64 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, with all other like empowered.

SIGNATURE: Mary E. Allen Date 3/16/99 Daytime Phone # 407-876 4174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)