

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90022 031 \*\*\*\*61.25

**DOCUMENT # 724912**

1. Entity Name  
**BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

2625 SOUTH ATLANTIC AVENUE      2625 SOUTH ATLANTIC AVENUE  
 COCOA BEACH FL 32931              COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*BEACH VILLAS 90 MARY ALLEN*  
*P.O. BOX 223*  
*WINDERMERE, FL*  
*34786*      *ORANGE*

4. FEI Number      Applied For

**59-1457593**       Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, MARY E.**  
**10836 WONDER LANE**  
**WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

B. 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.

SIGNATURE *Mary E. Allen Treasurer*      *8-6-2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE (\$61.25)**  
**After September 13, 2000 min. will be \$236.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORCK, TERRY 3319 CANAL DRIVE BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANTON, STEPHEN 2730 APPOLOOSA RD. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERTHEL, ROBERT 6404 PLANTATION RD SPRING HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, MARY E. 10836 WONDER LANE WINDERMERE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLAM, TIMOTHY 2625 S. ATLANTIC AVE., APT. 9 COCO ACH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AURAND, ALVIN 131 SW 58 AVE PLANTATION FL 33317	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORCK, TERRY 5911 MICHLARD DRIVE LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *MARY E. ALLEN*      *Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*8/25/00*      *407-876-4124*

CR2E037 (5/00)