2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT # 724912** 1. Entity Name 05-19-2002 90182 014 ****61.25 BEACH VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2625 SOUTH ATLANTIC AVENUE PO BOX 223 COCOA BÉACH FL 32931 WINDERMERE FL 34486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable <u>59-1457593</u> ~Zip-----= Country____ Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALLEN, MARY E. 10836 WONDER LANE WINDERMERE FL 34786 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DB DAN FITZGERALD (9/04) Delete TITLE PD ☐ Change Addition NAME NAME STORCK, TERRY 92 SUSAN D STREET ADDRESS STREET ADDRESS 3319 CANAL DRIVE WESTFIELD, MA. 01085 CITY-ST-7IP CITY-ST-7IP BOYNTON BEACH FL MARIE DUROCHER __ Change 2625 S. ATLANTIC AVE COCOA BEACH, FL 32931 TITLE 🗢 🖃 : Deleté 🔤 SD -TITLE NAME NAME CARSON, ALYCE STREET ADDRESS STREET ADDRESS 2625 S ATLANTIC AVE #15 CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE Delete. ۷P DITLE ☐ Change ☐ Addition NAME NAME NOLAN, ARTHUR STREET ADDRESS STREET ADDRESS 1488 SELWORTHY RD CITY-ST-ZIP CITY-ST-7/P POTOMAC MD 28054 TITLE ☐ Delete TITLE Change ☐ Addition TD NAME NAME ALLEN, MARY E. STREET ADDRESS STREET ADDRESS 10836 WONDER LANE CITY-ST-ZIP CITY-ST-ZIP Windermere Fl ☐ Defete Change Addition NAME NAME GILLAM, TIMOTHY STREET ADDRESS STREET ADDRESS 2625 S. ATLANTIC AVE., APT. 9 CITY-ST-ZIP CITY-ST-ZIP COCOA BCH. FL: TITLE ☐ Defete o√₽ Change 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

NAME

STREET ADDRESS

CITY-ST-ZIP

aurand, alvin

131 SW 58 ANE

PLANTATION FL 33317

NAME

STREET ADDRESS

CITY-ST-ZIP