


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90048 048 ****61.25

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1. Entity Name
BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2625 SOUTH ATLANTIC AVENUE
 COCOA BEACH FL 32931**


Mailing Address
**PO BOX 223
 WINDERMERE FL 34486**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1457593** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, MARY E.
 4229 GREENWICH COURT
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, DAN	
STREET ADDRESS	92 SUSAN D	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARSON, ALYCE	
STREET ADDRESS	2625 S ATLANTIC AVE #15	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUROCHER, MARIE	
STREET ADDRESS	2625 S. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input checked="" 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	GILLAM, TIMOTHY	
STREET ADDRESS	2625 S. ATLANTIC AVE., APT. 9	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AURAND, ALVIN	
STREET ADDRESS	131 SW 58 ANE	
CITY-ST-ZIP	PLANTATION FL 33317	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ALLEN, MARY E	
CITY-ST-ZIP	4229 GREENWICH CT. CLERMONT, FL 34711-5225	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLAM, TIMOTHY	
STREET ADDRESS	4205 BASS ROAD	
CITY-ST-ZIP	COCOA, FL 32926-6202	
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR, NOLAN	
STREET ADDRESS	156 DOTTED DOVE LANE	
CITY-ST-ZIP	INDIA LANTIC, FL 32903	

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, Treas **March 16, 2004** **1-352-241-8814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #