


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2005-90098-047-\$61.25-\$61.25

DOCUMENT # 724912

1. Entity Name
BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED
05 JUN 10 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

Principal Place of Business Mailing Address
2625 SOUTH ATLANTIC AVENUE PO BOX 223
COCOA BEACH FL 32931 WINDERMERE FL 34486

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. ~~BEACH~~ PETEY DAVIS #701
City & State Suite, Apt. #, etc.
Cocoa Beach, FL 1980 N. ATLANTIC AVE
Zip City & State Zip Country
32931 COCOA BEACH, FL 32931 BREVARD

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.
4229 GREENWICH COURT
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name Petey Davis
Street Address (P.O. Box Number is Not Acceptable)
1980 N Atlantic Ave #701
City Cocoa Beach FL Zip Code 32931

P. DAVIS
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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 *Petey Davis* DATE 6/8/05

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, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, DAN 92 SUSAN D WESTFIELD MA 01085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fitzman Sue 21 Cascade Rd Arnold MD 21012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARSON, ALYCE 2625 S ATLANTIC AVE #15 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, MARY E 4229 GREENWICH CT CLERMONT FL 34711-5225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLIAM, TIMOTHY 4205 BASS ROAD COCOA FL 32926-6202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTHUR, NOLAN 156 DOTTED DOVE LANE INDIALANTIC FL 32903 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

\$26/10

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: *Petey Davis* *Petey Davis* DATE 4/28/05 Daytime Phone # 321-784-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR