

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90019 029 ****61.25

40023340



01302008 Chg-NP CR2E037 (12/06)

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

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

DOCUMENT # 724912
 1. Entity Name
BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**204 W COCOA BEACH PKWY
 COCOA BEACH, FL 32931**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**KELDORFF, INC
 DBA SHOWCASE PROP MGMT
 204 W COCOA BEACH CSWY
 COCOA BEACH, FL 32931**

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 *[Signature]* DATE **1/30/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	T	<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	FRYEMAN, SUE	
STREET ADDRESS	21 CASCADE RD	
CITY-ST-ZIP	ARNOLD, MD 21012	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARSON, JAMES	
STREET ADDRESS	108 JAMAICA DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, MARY	
STREET ADDRESS	PO BOX 223	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARSON, ALYCE	
STREET ADDRESS	2023 N ATLANTIC AVE #133	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	AWARD, JOYCE	
STREET ADDRESS	7231 E TROPICAL WAY	
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	Judy Fitzgerald	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Freeman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Award	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* DATE: **2/4/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR