

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724912

FILED  
Feb 13, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2625 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

8660 ASTRONAUT BLVD, #208  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

8660 ASTRONAUT BLVD, #208  
SUITE 208  
CAPE CANAVERAL, FL 32920

FEI Number: 59-1457593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELDORFF, INC  
DBA SHOWCASE PROP MGMT  
8660 ASTRONAUT BLVD, #208  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: FITZGERALD, JUDY  
Address: 92 SUSAN D  
City-St-Zip: WESTFIELD, MA 01085

Title: VP  
Name: FREEMAN, SUE  
Address: 21 CASCADE RD  
City-St-Zip: ARNOLD, MD 21012

Title: D  
Name: GAZAW, PAT  
Address: 8657 SUPINLICK RIDGE ROAD  
City-St-Zip: MT. JACKSON, VA 22842

Title: P  
Name: DESANTI, DENNIS  
Address: PO BOX 380  
City-St-Zip: EAST QUOGUE, NY 11942

Title: D  
Name: RAGO, FRANK  
Address: 26W166 WATERBURY COURT  
City-St-Zip: WHEATON, IL 60187

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN GUNN-BARDOT

MGR

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date