


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90149 013 ****61.25

DOCUMENT # 724912

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

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1457593**

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

6. Name and Address of Current Registered Agent

**ALLEN, MARY E.
10836 WONDER LANE
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name **ALLEN, MARY E (MOVING TO: NOV 03)**

Street Address (P.O. Box Number is Not Acceptable)
4229 GREEN WICH CT.

City **CLERMONT** FL Zip Code **34711**

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 Mary E. Allen Treasurer of Beach Villas Condos Assoc
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	DUROCHER, MARIE	
STREET ADDRESS	2625 S. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, MARY E.	
STREET ADDRESS	10836 WONDER LANE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLAM, TIMOTHY	
STREET ADDRESS	2625 S. ATLANTIC AVE., APT. 9	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AURAND, ALVIN	
STREET ADDRESS	131 SW 58 AVE	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURAND, ALVIN	
STREET ADDRESS	131 SW 58 AVE	
CITY-ST-ZIP	PLANTATION, FL 33317	

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 Treasurer 4/14/03 407-538-6051

CR2E037 (10/02)