## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT #**1. Corporation Name

739308

(5)

## BEACHGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4115 SE 18TH PL	4115 SE 18TH PL
CAPE CORAL FL 33904	CAPE CORAL FL

1115	SE	18TH	P	Ļ
CAPE	α	ORAL	FL	33904-6041

## **FILED** Mar 26 1997 8:00am Secretary of State



CAPE CORAL FI	L 33904	CAFE CORNE PE 30304-0	V-1							
						<ol> <li>Date Incorporated or Qualified 06/09/1977</li> </ol>	3a. Date	of Last R 4/08/19	eport <b>96</b>	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-1922012			oplied For	
21		26				39-1922012			ot Applicable	
Suite, Apt. 4	ŧ, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cot	intry		8. This corporation has liability for			. 199.032,	
24	25	29	30					No		
	9. Name and Address of Curren	t Registered Agent		641 44	<del> </del>	0. Name and Address of New Re	gistered A	gent		
				<b>81</b> Nan	ne					
Walsh,	DAVID E			<b>82</b> Stre	Street Address (P.O. Box Number is Not Acceptable)					
	. 18TH PLACE, #201									
CAPE CO	DRAL FL 33904			83						
				84 City	/			<b>85</b> Zip	Code	
		LINE AND		<u> </u>			FL	<u> </u>		
11. Pursuant t	o the provisions of Sections 617.0503	2 and 617.1508, Florida Stati	utes, the a	bove-nam	ned corpora	ition submits this statement for the p	ourpose of a	changing i intment as	ts registered registered	
agent I ar	o the provisions of Sections 617.000. egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 617.0503, F	Florida Sta	tutes.	оогрогацог	a board of directors. Thereby deces	x trio tappo		109.5.0.05	
SIGNATURE										
	Signature, typiid or printed name of registered age			d Agent signa	ature required w	then reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CCDC AND	DIDECTO	OC IN 42	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE	SD	☐ DELETE	1.1 7				,	TI crande	M Vocation	
NAME	SANDSTEAD, WILLARD W.		1.2 N							
STREET ADDRESS	4115 SE 18TH PLACE		1.3 S	TREET ADDRE	SS					
CITY-ST-ZIP	CAPE CORAL, FL 00000	Printe		ITY - ST - ZIP			···· 1	Change	Addition	
THTLE	DP	DELETE	2.1 1					Criange	Magadon	
NAME	WALSH, DAVID E		2.2 N							
STREET ADDRESS	4115 SE 18TH PLACE		2.3 \$	TREET ADDRE	SS					
CITY-ST-Z#P	CAPE CORAL, FL 00000	The sec		CITY-ST-ZIP				1 05	T Leading	
TITLE	D	☐ DELETE	3.1 T				ı	Change	Addition	
NAME	HOLOCH, KLAUS		3.2 N	IAME						
STREET ADDRESS	4115 SE 18TH PLACE		3.3 \$	TREET ADDRE	ESS					
CITY -ST - ZIP	CAPE CORAL FL		3.4. (	CITY-ST-ZIP				- Lai:		
TITLE	VD	☐ DELETE	4.1 T		1		l	Change	☐ Addition	
NAME	IRWIN, RICK			NAME						
STREET ADDRESS	4115 SE 18TH PLACE		4.3 \$	TREET ADDRE	ESS					
CITY+S1+ZIP	CAPE CORAL FL			ITY-ST-ZIP				10	jan.	
LUTE	TD	☐ DELETE	5.1 T				l	Change	Addition	
NAME	ANDERSON, RUSS		5.2 N	AME						
STREET ADDRESS	4115 SE 18TH PLACE		5.3 S	TREET ADDRE	ESS					
CITY-ST-ZIP	CAPE CORAL FL		5.4 0	ITY-ST-ZIP					- LA 1999	
THTLE		☐ DELETE	6.1 T	ITLE				Change	■ Addition	
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 \$	TREET ADDRE	ESS					
DITY-ST-ZIP				CITY-ST-ZIP						
14. I do heret	by certify that the information supplied	d with this filing does not qua	alify for the	exemption	on stated in	Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of 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 12 or Block 13 if changed, or on an attachment with an address.

David E. Walsh, President

3/20/97

334-3897