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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739308** **(5)**

1. Corporation Name
BEACHGATE CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 06/09/1977

4. FEI Number: 59-1922012 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALSH, DAVID E 4115 S.E. 18TH PLACE, #201 CAPE CORAL FL 33904	81 Name: IRWIN, RICHARD S. 82 Street Address (P.O. Box Number is Not Acceptable): 4115 S.E. 18TH PLACE #203 83 84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDSTEAD, WILLARD W.		1.2 NAME		
STREET ADDRESS	4115 SE 18TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WALSH, DAVID E		2.2 NAME	WALSH, DAVID E	
STREET ADDRESS	4115 SE 18TH PLACE		2.3 STREET ADDRESS	4115 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 00000		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLOCH, KLAUS		3.2 NAME		
STREET ADDRESS	4115 SE 18TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	IRWIN, RICK		4.2 NAME	IRWIN, RICHARD S.	
STREET ADDRESS	4115 SE 18TH PLACE		4.3 STREET ADDRESS	4115 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RUSS		5.2 NAME		
STREET ADDRESS	4115 SE 18TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058283