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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 739308**

1. Corporation Name

# **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90131 027 \*\*\*\*61.25

BEACHGATE CONDOMINIUM ASSOCIATION, INC.							,
Principal Place of Business Mailing Address							
4115 SE 18TH PL 4115 SE 18TH PL						JUSUK BABAL SUBUK DAF	AN BROWN IRE
CAPE CORAL FL 33904 CAPE CORAL FL 33904							
						 ***********************************	** Til minit ikni
				-			
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	ace of business	26			06/09/1977		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apı	plied For
22 27					59-1922012	No	t Applicable
City & State City & State					5. Certificate of Status Desired	\$8.75 A	
23		28			o. Germonie di Guina German	Fee Re	<u> </u>
Zip	Country	Zip	Country	1	6. Election Campaign Financing	\$5.00	•
24	25	11	30		Trust Fund Contribution	Added to	o rees
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registere	7 Ağeur	
			<u> </u>				
IRWIN, RICHARD S				Street Add	dress (P.O. Box Number is Not Acceptable)		
4115 S E 18TH PL STE 203			83				
CAPE CORAL FL 33904							
			84	City	F	85 Zip C	code
11 Dureuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	s. the abov	e-named cor	moration submits this statement for the purpose of	of changing its	registered
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.							
,	m tamiliar with, and accept the obliga	lions of, Section 617,0505, Flor	ida Statutes	·.			
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Age	nt signature requi	ired when reinstating)		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	SD DELETE		1.1 TITLE			Change	☐ Addition
NAME	SANDSTEAD, WILLARD W.		1.2 NAME				
STREET ADDRESS	4115 SE 18TH PLACE		1.3 STREE	TADORESS			
CITY-ST-ZIP	CAPE CORAL, FL 00000		1.4 CITY-5	T-ZIP			
TITLE	VD DELETE		2.1 TITLE			Change	Addition
NAME	WALSH, DAVID E		2.2 NAME				
STREET ADDRÉSS	4115 SE 18TH PL		2.3 STREE	TADORESS			i
CITY-ST-ZIP	CAPE CORAL, FL 00000 33904		2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	3.1 TITLE	1			
NAME	HOLOCH, KLAUS		3.2 NAME				
STREET ADDRESS	4115 SE 18TH PLACE			TADDRESS			
CITY-ST-ZIP	CAPE CORAL FL	☐ DELETE	3.4. CITY- 4.1 TITLE	\$T-ZIP		☐ Change	Addition
TITLE			4.2 NAME				_
NAME	IRWIN, RICHARD S			TADDRESS			
STREET ADDRESS	4115 SE 18 TH PL CAPE CORAL FL 33904		4.4 CITY-5				
CITY-ST-ZIP TITLE	TD	☐ DELETE	5.1 TITLE	71-4IF		Change	Addition
NAME	ANDERSON, RUSS		5.2 NAME				
STREET ADDRESS	4115 SE 18TH PLACE		5.3 STREE	TADDRESS		1	
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-5	T-ZIP			
TITLE	ON E OVIVIE I E	☐ DELETE	6.1 TITLE	<u> </u>		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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, with all other the empowered.

SIGNATURE: RICHARDS MER