

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739308**

1. Entity Name  
**BEACHGATE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4115 SE 18TH PL  
CAPE CORAL, FL 33904**

Mailing Address  
**4115 SE 18TH PL  
CAPE CORAL, FL 33904**



03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1922012**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WALSH, DAVID E  
4115 S E 18TH PL.  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UN0000086835  
03/12/04-80030-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SANDSTEAD, WILLARD W  
4115 SE 18TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WALSH, DAVID E  
4115 SE 18TH PL  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SANDSTEAD, AURIEL J  
4115 S.E. 18TH PL  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ANDERSON, RUSSELL C  
4115 S.E. 18TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ALBRECHT, MATHEW L  
4115 SE 18TH PLACE  
CAPE CORAL, FL 339046000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*DAVID E. WALSH* **PRESIDENT (DAVID E. WALSH)**

**3/10/04 239-542-7696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #