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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 744977 (0)

1. Corporation Name  
BEACHPLACE ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1109 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228  
1109 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-3603

3. Date Incorporated or Qualified 11/16/1978  
3a. Date of Last Report 06/19/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1936363 Applied For Not Applicable  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
STALLINGS, DONALD H 81 Name  
1109 GULF OF MEXICO DR. 82 Street Address (P.O. Box Number is Not Acceptable)  
LONGBOAT KEY FL 34228 83  
84 City FL 85 Zip Code

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, 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	P	1.1 TITLE	Treasurer/Director
NAME	LITVIN, JUDITH	1.2 NAME	BRENNER, DAVID
STREET ADDRESS	1055 GULF OF MEXICO DR. #402	1.3 STREET ADDRESS	1105 Gulf of Mexico Dr. #604
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	Longboat Key, FL
TITLE	SD	2.1 TITLE	Director
NAME	LEVY, MELVIN	2.2 NAME	ROCKMAN, HAL
STREET ADDRESS	1085 GULF T MEXICO DR. #204	2.3 STREET ADDRESS	1085 Gulf of Mexico Dr. #101
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	Longboat Key, FL
TITLE	TD	3.1 TITLE	Director
NAME	SHUTTLEWORTH, JOSEPH	3.2 NAME	FRANK, AL
STREET ADDRESS	1085 GULF OF MEXICO DR.	3.3 STREET ADDRESS	1065 Gulf of Mexico Dr. #104
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	Longboat Key, FL
TITLE	VPD	4.1 TITLE	
NAME	DENNEBAUM, PAUL	4.2 NAME	
STREET ADDRESS	1085 GULF OF MEXICO DR. #603	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Judith Litvin* 3/18/1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062863

CR2E037 (9/96)