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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744977

1. Corporation Name

BEACHPLACE ASSOCIATION, INC.

Principal Place of Business
1109 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
1109 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/16/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1936363

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STALLINGS, DONALD H.
1109 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

81 Name Patricia Rogers
82 Street Address (P.O. Box Number is Not Acceptable)
1109 Gulf of Mexico Dr.
83
84 City Longboat Key FL 85 Zip Code 34242

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, of 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 *Patricia Rogers*

3/17/99
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME TD
STREET ADDRESS BRENNER, DAVID
CITY-ST-ZIP 1105 GULF OF MEXICO DR 604
LONGBOAT KEY FL

1.1 TITLE Change Addition
1.2 NAME Asst. Secretary/D
1.3 STREET ADDRESS KESSLER, BEN
1.4 CITY-ST-ZIP 1115 GULF OF MEXICO DR. #303
LONGBOAT Key, FL 34228

TITLE DELETE
NAME SD
STREET ADDRESS LEVY, MELVIN
CITY-ST-ZIP 1085 GULF T MEXICO DR. #204
LONGBOAT KEY FL

2.1 TITLE Change Addition
2.2 NAME D
2.3 STREET ADDRESS SCHNEIROV, LAWRENCE
2.4 CITY-ST-ZIP 1065 GULF OF MEXICO DR. #404
LONGBOAT KEY, FL 34228

TITLE DELETE
NAME D
STREET ADDRESS ROCKMAN, HAL
CITY-ST-ZIP 1085 GULF OF MEXICO DR 101
LONGBOAT KEY FL

3.1 TITLE Change Addition
3.2 NAME Vice President/D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME VPD
STREET ADDRESS DENNEBAUM, PAUL
CITY-ST-ZIP 1085 GULF OF MEXICO DR. #603
LONGBOAT KEY FL

4.1 TITLE Change Addition
4.2 NAME President/D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME P
STREET ADDRESS FRANK, AL
CITY-ST-ZIP 1065 GULF OF MEXICO DR 104
LONGBOAT KEY FL 34228

5.1 TITLE Change Addition
5.2 NAME D
5.3 STREET ADDRESS MAZZIOTTI, ANTHONY
5.4 CITY-ST-ZIP 1105 GULF OF MEXICO DR. #101
LONGBOAT KEY, FL 34228

TITLE DELETE
NAME D
STREET ADDRESS KEELIN, JOHN
CITY-ST-ZIP 1055 GULF OF MEXICO DRIVE 602
LONGBOAT KEY FL 34228

6.1 TITLE Change Addition
6.2 NAME Treasurer/D
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 like empowered.

SIGNATURE: *Patricia Rogers* SIGNATURE REQUIRED
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99
Date

941-383-4076
Daytime Phone #

CR2E037 (11/98)