

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90024 047 ****61.25

DOCUMENT # 744977
 1. Entity Name
BEACHPLACE ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1936363 Not Applicable

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

6. Name and Address of Current Registered Agent
~~ROGERS, PATRICIA~~ **ROBERT MCFARLANE**
1109 GULF OF MEXICO DR.
LONGBOAT KEY FL 34242

7. Name and Address of New Registered Agent
 Name **ROBERT MCFARLANE**
 Street Address (P.O. Box Number is Not Acceptable)
1109 GULF OF MEXICO DRIVE
 City **LONGBOAT KEY** FL Zip Code **34228**

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.

SIGNATURE *Robert McFarlane* DATE **3-9-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | ASD | <input type="checkbox"/> Delete |
| NAME | KESSLER, BEN | |
| STREET ADDRESS | 1115 GULF OF MEXICO DR. #303 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LEVY, MELVIN | |
| STREET ADDRESS | 1085 GULF OF MEXICO DR. #204 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ROCKMAN, HAL | |
| STREET ADDRESS | 1085 GULF OF MEXICO DR 101 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DENNEBAUM, PAUL | |
| STREET ADDRESS | 1085 GULF OF MEXICO DR. #603 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAZZIOTTI, ANTHONY | |
| STREET ADDRESS | 1105 GULF OF MEXICO DR. #101 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KEELIN, JOHN | |
| STREET ADDRESS | 1055 GULF OF MEXICO DRIVE 602 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKER, DAVID | |
| STREET ADDRESS | 1095 GULF OF MEXICO DR #504 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL | |
| TITLE | Vice President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *ROBERT MCFARLANE* DATE: **3/13/00** DAYTIME PHONE #: **941-383-4076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)