


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90071 038 \*\*\*\*61.25


**DOCUMENT # 749296**  
 1. Entity Name  
**BEACH BOULEVARD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2486 SKIMMER POINT DR. GULFPORT FL 33707**  
 Mailing Address: **2486 SKIMMER POINT DR. GULFPORT FL 33707**  
*please correct*

2. Principal Place of Business: **2846 Skimmer Point Dr.**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **2846 Skimmer Point Dr.**  
 Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



1st MOORE CR2E037 (10/04)

4. FEI Number **00-0000000** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**HORNSLETH, POUL**  
**2846 SKIMMER POINT DR.**  
**GULFPORT FL 33707**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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: *April C. Hornsleth, V.P.* **ACT** DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005.**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORNSLETH, POUL	
STREET ADDRESS	2846 SKIMMER POINT DR.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	HORNSLETH, APRIL C	
STREET ADDRESS	2846 SKIMMER POINT DR.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, R W III	
STREET ADDRESS	2846 SKIMMER PONT DR.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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: *April C. Hornsleth, V.P.* Date: **2/27/05** Daytime Phone #: **727-321-1212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR