## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 749713 BEACH CONDOMINIUM A	ASSOCIATION, INC.		0	4-27-2006 9	90161 038 ****6	1.25	
2475 W GULF ISLAN SANIBEL, FL 33957 PO B		Mailing Address ISLAND MANAGEMENT PO BOX 1009 SANIBEL, FL 33957						
2. Principal Place of Business		3. Mailing Address				980 900 980 980 3100 11 <b>2</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ng-NP	CR2E037 (11/05)		
City & Stat	te	Sty & State b.	el F	4. FEI Number 59-197139	8		oplied For ot Applicable	
Zip	Country	33951	Country	5. Certificate of St.	atus Desired	See Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Re	egistered Agent		
MACKESY, STEVEN				Street Address (P.O. Box Number is Not Acceptable)				
711 TARPON BAY ROAD SANIBEL, FL 33957			Sitoscriati	Street Address (F.C. box Nothber is Not Acceptable)				
			City			Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registers.				FL				
SIGNATURE	Signature, typed or printed name of registered agen	4	2	<del></del>				
		<u> </u>	<u> </u>	e required when reinstating)	M:	DATE ake check payable t	0	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable t da Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S	tate I 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable t da Department of S	tate	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PD SWAIN, CHRIS 616 EDMONDS ROAD	9. Election Camp Trust Fund Co	paign Financing Intribution.   11.  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S	tate I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI  PD SWAIN, CHRIS 616 EDMONDS ROAD FRAMINGHAM, MA 01701  VD CLARKSON, JAMES 2475 W. GULF # 112	9. Election Camp Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S	tate  i 10  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI  PD SWAIN, CHRIS 616 EDMONDS ROAD FRAMINGHAM, MA 01701  VD CLARKSON, JAMES 2475 W. GULF # 112 SANIBEL, FL 33957  TD SMITH, DON 2475 W. GULF # 109	9. Election Camp Trust Fund Co	Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S  RS AND DIRECTORS IN  Change	1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI  PD SWAIN, CHRIS 616 EDMONDS ROAD FRAMINGHAM, MA 01701  VD CLARKSON, JAMES 2475 W. GULF # 112 SANIBEL, FL 33957  TD SMITH, DON 2475 W. GULF # 109 SANIBEL, FL 33957  SD GREENE, KATHY 2475 W. GULF # 207	9. Election Camp Trust Fund Co  IRECTORS  Delete  Delete	Daign Financing ontribution.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S  RS AND DIRECTORS IN  Change  Change	Addition  Addition	

a nereoy certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. 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:** 

DONALD E. SMITH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR