

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90021 006 \*\*\*\*70.00

**DOCUMENT # 755427**

Entity Name

**BEACH CLUB ASSOCIATION, INC.**

**80018695**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>NORTH ATLANTIC AVENUE BEACH FL 32118-3631</b>	Mailing Address <b>1212 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631</b>
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Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-2142786</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS  
DUNDEE RD  
A  
BEACH SHORE FL 32118**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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**

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p><b>D</b> <input checked="" type="checkbox"/> Delete  <b>PINTO, ROBERT F JR.</b>                      1111 BLUEBERRY DR.                      PORT ORANGE FL</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>D BROWNING, DORIS</b>                      291 FLEMING DR.                      GREEN COVE SPRS, FL 32043</p>
<p><b>D</b> <input type="checkbox"/> Delete  <b>FOWLER, PAT M.</b>                      1968 GREEN APPLE CT.                      ORANGE PARK FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><b>ST</b> <input type="checkbox"/> Delete  <b>GOODWIN, MORRIS</b>                      150 DUNDEE RD., STE A                      DAYTONA BEACH SHORE FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><b>D</b> <input type="checkbox"/> Delete  <b>MATHEWS, SHIRLEY</b>                      5835 NORDE DR., WEST                      JACKSONVILLE FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><b>VP</b> <input type="checkbox"/> Delete  <b>SMITH, HENRY</b>                      3720 N.W. 61 PLACE.                      GAINESVILLE FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><b>DP</b> <input type="checkbox"/> Delete  <b>LARSON, SALLY</b>                      223 N.W. 91ST ST.                      GAINESVILLE FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 another like empowered.

SIGNATURE: *Morris Goodwin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/00** **904-788-4546**  
 Date Daytime Phone #

CR2E037 (9/99)