

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758055** (8)  
1. Corporation Name  
**BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3201 S OCEAN BLVD HIGHLAND BEACH FL 33487-2571 US</b>	Mailing Address <b>3201 S OCEAN BLVD HIGHLAND BEACH FL 33487-2571 US</b>
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3. Date Incorporated or Qualified <b>08/31/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>[REDACTED]</b>	2a. Mailing Address <b>[REDACTED]</b>	4. FEI Number <b>59-2119235</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State <b>[REDACTED]</b>	27. Suite, Apt. #, etc. <b>[REDACTED]</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>[REDACTED]</b>	28. City & State <b>[REDACTED]</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>[REDACTED]</b>	29. Zip <b>[REDACTED]</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADEED, VICTOR P  
3201 S. OCEAN BLVD., UNIT 502  
HIGHLAND BEACH FL 33487**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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, or 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADEED, VICTOR P	1.2 NAME	
STREET ADDRESS	3201 S. OCEAN BLVD.	1.3 STREET ADDRESS	<b>3201 S. OCEAN BLVD</b>
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKING, LEONARD D	2.2 NAME	
STREET ADDRESS	3201 S. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLISKOW, ETHEL	3.2 NAME	
STREET ADDRESS	3301 S OCEAN BLVD	3.3 STREET ADDRESS	<b>3201 S. OCEAN BLVD</b>
CITY-ST-ZIP	HIGHLAND BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLIS, SUDBAY	4.2 NAME	<b>SUDBAY, MARLIS</b>
STREET ADDRESS	3201 SOUTH OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANDOLI, LOUIS	5.2 NAME	
STREET ADDRESS	3201 S OCAEAN BLVD #504	5.3 STREET ADDRESS	<b>3201 S. OCEAN BLVD</b>
CITY-ST-ZIP	HIGHLAND BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 1997

Date

Daytime Phone # 0039536

CR2E037 (9/96)