

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765864** (4)
1. Corporation Name
C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **100 CORONADO AVENUE CLEARWATER FL 34630**
Mailing Address: **100 CORONADO AVENUE CLEARWATER FL 34630**

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **08/29/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 58-1456448	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	29	Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STAACK, JAMES A ESQ. 121 N. OSCEOLA AVE. SECOND FLOOR CLEARWATER FL 34615				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOPOULUS, ANGELO	1.2 NAME	
STREET ADDRESS	630 HARBOR IS.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASILOPPULOS, KOSTAS	2.2 NAME	
STREET ADDRESS	460 ISLAND WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSIMOURIS, MARIA	3.2 NAME	
STREET ADDRESS	1899 MOURNING DOVE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLER, RICHARD	4.2 NAME	
STREET ADDRESS	1853 OAKDALE LANE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JIM	5.2 NAME	
STREET ADDRESS	6349 10TH AVE., S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, DAN	6.2 NAME	
STREET ADDRESS	3204 HILLTOP LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ANGELO MARKOPOULOS Date: 4/08/96 Daytime Phone #: 813 4428444

CF2E037 (12/95)