

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90032 047 \*\*\*\*70.00

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **765864**

1. Corporation Name

C.H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 CORONADO AVENUE CLEARWATER, FLORIDA 34630	100 CORNADO AVENUE CLEARWATER, FLORIDA 34630

2. Principal Place of Business 21 <b>3200 N Gulf Blvd</b>	2a. Mailing Address 26 <b>1299 Main ST</b>	3. Date Incorporated or Qualified <b>11/23/82</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Suite F</b>	4. FEI Number <b>58-1456448</b>
City & State 23 <b>Belleair Beach</b>	City & State 28 <b>Dunedin FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33786</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>34698</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent

Stack, James A Esq  
 121 N Osceola Ave  
 Second Floor  
 Clearwater FL 34615

10. Name and Address of New Registered Agent

81 Name	<b>Robert L Tankel</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1299 Main ST</b>
83	<b>Suite F</b>
84 City	<b>Dunedin FL</b>
85 Zip Code	<b>34698</b>

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]* **Robert L Tankel** DATE: **5/28/1999**

12. OFFICERS AND DIRECTORS

TITLE	MARKOPOULUS, ANGELO <input checked="" type="checkbox"/> DELETE
NAME PD	630 HARBOR IS
STREET ADDRESS	CLEARWATER, FLORIDA 34630
CITY-ST-ZIP	
TITLE	VASILOPPULOS, KOSTAS <input checked="" type="checkbox"/> DELETE
NAME VD	460 ISLAND WAY
STREET ADDRESS	CLEARWATER, FLORIDA 34630
CITY-ST-ZIP	
TITLE	TSIMOURIS, MARIA <input checked="" type="checkbox"/> DELETE
NAME SD	1899 MOURNING DOVE DRIVE
STREET ADDRESS	PALM HARBOR, FLORIDA 34683
CITY-ST-ZIP	
TITLE	ROLLER, RICHARD <input checked="" type="checkbox"/> DELETE
NAME D	1853 OAKDALE LANE S
STREET ADDRESS	CLEARWATER, FLORIDA 34625
CITY-ST-ZIP	
TITLE	REED, JIM <input checked="" type="checkbox"/> DELETE
NAME D	6349 10th AVENUE SOUTH
STREET ADDRESS	GULFPORT, FLORIDA 33707
CITY-ST-ZIP	
TITLE	MAXWELL, DAN <input checked="" type="checkbox"/> DELETE
NAME D	3204 HILLTOP LANE
STREET ADDRESS	LARGO, FLORIDA 34640
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Stanley Latek</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P</b>
1.3 STREET ADDRESS	<b>10400 S. Mansfield</b>
1.4 CITY-ST-ZIP	<b>Oak Lawn IL 60453</b>
2.1 TITLE	<b>Frank Latek</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T</b>
2.3 STREET ADDRESS	<b>10400 S. Mansfield</b>
2.4 CITY-ST-ZIP	<b>Oak Lawn IL 60453</b>
3.1 TITLE	<b>Angeline Latek</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S</b>
3.3 STREET ADDRESS	<b>10400 S. Mansfield</b>
3.4 CITY-ST-ZIP	<b>Oak Lawn IL 60453</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Stanley Latek** DATE: **5/28/99** 708-715-2835

CR2E037 (1/198)