

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/3

**DOCUMENT # 765864**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90139 020 \*\*\*\*70.00

1. Entity Name

**C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3200 N GULF BLVD  
 BELLEAIR BEACH FL 33786

1299 MAIN ST  
 STE F  
 DUNEDIN FL 34690-5333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

STAAK, JAMES A ESQ.  
 121 N. OSCEOLA AVE.  
 SECOND FLOOR  
 CLEARWATER FL 34615

Name **Robert L Tankel**

Street Address (P.O. Box Number is Not Acceptable)  
**1299 Main St Suite F**

City **Dunedin** FL Zip **34698**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

8. 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: *[Signature]* **Robert L Tankel** DATE: **1/6/2000**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN LATEK	
STREET ADDRESS	5320 STONEY CREEK	
CITY-ST-ZIP	OAK LAWN, ILL 60453	
TITLE	TRAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK LATEK	
STREET ADDRESS	10400 S. MANSFIELD	
CITY-ST-ZIP	OAK LAWN, ILL 60453	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELINE LATEK	
STREET ADDRESS	10400 S. MANSFIELD	
CITY-ST-ZIP	OAK LAWN, ILL 60453	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 all other like empowered.

SIGNATURE: *[Signature]* **STAN LATEK** DATE: **3/24/00** DAYTIME PHONE: **708 715-2835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE