


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90015 004 ****61.25

DOCUMENT # 765864	
1. Entity Name C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3200 N GULF BLVD BELLEAIR BEACH, FL 33786	Mailing Address 3200 N. GULF BLVD BELLEAIR BEACH, FL 33786 US
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24079247



2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country


07022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITMAN, JILL 3200 N. GULF BLVD BELLEAIR BEACH, FL 33786		Name STAN LATEK	
		Street Address (P.O. Box Number is Not Acceptable)	
		3200 N. GULF BLVD	
		City BELLEAIR BEACH FL	Zip Code 33786

4. FEI Number 58-1456448	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATEK, STAN 5320 STONEY CREEK OAK LAWN, IL 60453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATEK STAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 SILO RIDGE E ORLAND PARK, ILL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATEK, FRANK 10400 S MANSFIELD OAK LAWN, IL 60453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATEK FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15225 POPLAR CREEK ORLAND PARK, ILL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATEK, ANGELINE 10400 S MANSFIELD OAK LAWN, IL 60453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATEK ANGELINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15225 POPLAR CREEK ORLAND PARK, ILL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/4/04** Daytime Phone #: **727-415 4699**