


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90006 009 \*\*\*\*61.25

<b>DOCUMENT #765864</b>	
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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**DO NOT WRITE IN THIS SPACE**




07172006 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1456448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LATEK, STAN <del>3200 N. GULF BLVD</del> <del>BELLEAIR BEACH, FL 33786</del>	1350 GULF BLVD #502 Clearwater, Florida 33767
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 7/16/06

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATEK, STAN 71 SILO RIDGE E ORLAND PARK, IL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATEK, FRANK 15225 POPLAR CREEK ORLAND PARK, IL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATEK, ANGELINE 15225 POPLAR CREEK ORLAND PARK, IL 60467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like employment.

SIGNATURE:  DATE: July 18 Daytime Phone #: 727-415-4689