


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90016 011 \*\*\*\*61.25

<b>DOCUMENT # 765864</b>					
1. Entity Name <b>C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3200 N GULF BLVD BELLEAIR BEACH FL 33786</b>			Mailing Address <b>3200 N. GULF BLVD BELLEAIR BEACH FL 33786 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-1456448</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LATEK, STAN 1350 GULF BLVD SUITE 502 CLEARWATER BEACH FL 33767</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to: Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	RD LATEK, STAN 71 SILO RIDGE E ORLAND PARK IL 60467	<input checked="" type="checkbox"/> Delete	TITLE	RD MARY LATEK 15225 POPLAR CREEK LN ORLAND PARK, ILL 60467	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD LATEK, FRANK 15225 POPLAR CREEK ORLAND PARK IL 60467	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD LATEK, ANGELINE 15225 POPLAR CREEK ORLAND PARK IL 60467	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP LATEK, MARY 15225 POPLAR CREEK ORLAND PARK IL 60467	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ *2/18/08 729-415-4699*