2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765864

FILED Jan 14, 2009 Secretary of State

Entity Name: C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3200 N GULF BLVD

BELLEAIR BEACH, FL 33786

Current Mailing Address: New Mailing Address:

3200 N. GULF BLVD

BELLEAIR BEACH, FL 33786 US

FEI Number: 58-1456448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LATEK, STAN
1350 GULF BLVD
2200 GULF BLVD

SUITE 502 SUITE 103

CLEARWATER BEACH, FL 33767 US BELLEAIR BEACH, FL 33786 US

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: 01/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: LATEK, MARY Name: LATEK, MARY

Address: 15225 POPULAR CREEK LN Address: 15225 POPULAR CREEK LN

Address: 15225 POPULAR CREEK LN
City-St-Zip: ORLAND PARK, IL 60467 Address: 15225 POPLAR CREEK LN
City-St-Zip: ORLAND PARK, IL 60467
City-St-Zip: ORLAND PARK, IL 60467

Title: TD () Delete Title: () Change () Addition

 Name:
 LATEK, FRANK
 Name:

 Address:
 15225 POPLAR CREEK
 Address:

 City-St-Zip:
 ORLAND PARK, IL 60467
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 LATEK, ANGELINE
 Name:

 Address:
 15225 POPLAR CREEK
 Address:

 City-St-Zip:
 ORLAND PARK, IL 60467
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LATEK PD 01/14/2009