

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90095 016 \*\*\*\*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

~~1022 MAIN STREET  
SUITE D  
DUNEDIN FL 34698  
US~~

**3200 N. GULF BLVD.  
BELLEAIR BEACH, FL  
33786**



2. Principal Place of Business

3. Mailing Address

**3200 N. GULF BLVD**

Suite, Apt. #, etc.

**BELLEAIR BEACH, FL**

City & State  
**33786 USA**

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **58-1456448**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANKEL, ROBERT  
1022 MAIN STREET  
SUITE D  
DUNEDIN FL 34698**

~~JILL PITMAN  
BELLEAIR BEACH CLUB  
3200 N. GULF BLVD  
BELLEAIR BEACH, FL  
33786~~

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LATEK, STAN</b>	
STREET ADDRESS	<b>5320 STONEY CREEK</b>	
CITY-ST-ZIP	<b>OAK LAWN IL 60453</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LATEK, FRANK</b>	
STREET ADDRESS	<b>10400 S MANSFIELD</b>	
CITY-ST-ZIP	<b>OAK LAWN IL 60453</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LATEK, ANGELINE</b>	
STREET ADDRESS	<b>10400 S MANSFIELD</b>	
CITY-ST-ZIP	<b>OAK LAWN IL 60453</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED~~ **STAN LATEK** 4/3/03 2836 707-715

CR2E037 (10/02)