

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000025

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** BEACHSIDE VILLAS I.R.B.C.A., INC.

**Current Principal Place of Business:**

1412-1500 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19534 GULF BLVD.  
SUITE 202  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

C/O S/3 CONSULTING GROUP, LLC  
19534 GULF BLVD.# 202  
INDIAN ROCKS BEACH, FL 33785

**FEI Number:** 59-3688669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, WILLIAM F  
19534 GULF BLVD.  
SUITE 202  
INDIAN ROCKS BEACH, FL 33785 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: BUTT, JEFFREY  
Address: 12125 CLEAR HARBOR DRIVE  
City-St-Zip: TAMPA,, FL 33626

Title: VD  
Name: BODIKER, ARTHUR  
Address: 34 W. MCPHERSON STREET  
City-St-Zip: DAYTON, OH 45405 US

Title: PD  
Name: WOLF, JOSEPH  
Address: P.O. BOX 61  
City-St-Zip: SUGAR GROVE, IL 60554

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F SMITH

RA

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date