

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000025

FILED  
Apr 13, 2012  
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:**

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

**New Mailing Address:**

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

Title: STD  
Name: SERE, JOAN  
Address: 80 GARY PLACE  
City-St-Zip: STATEN ISLAND, NY 10314 US

Title: VD  
Name: NAPLES, FRANK  
Address: 11248 LAKEVIEW DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D  
Name: BODIKER, ARTHUR  
Address: 34 W MCPHERSON ST  
City-St-Zip: DAYTON, OH 45405

Title: PD  
Name: WRANIK, DAVID  
Address: 1500 GULF BLVD #202B  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: DAVID WRANIK

PD

04/13/2012

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

\_\_\_\_\_  
Date