


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 003 ****61.25

DOCUMENT # N01000000499 1. Entity Name BEAU CIEL CONDOMINIUM ASSOCIATION, INC.															
Principal Place of Business 990 BOULEVARD ARTS SARASOTA, FL 34236			Mailing Address C/O BETH CALLAS MANAGEMENT 595 BAY ISLES RD. STE. 201 LONGBOAT KEY, FL 34228												
2. Principal Place of Business		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State		4. FEI Number 65-1070554											
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 5px;"> BETH CALLANS MANAGEMENT 595 BAY ISLES RD., STE.201 LONGBOAT KEY, FL 34228 </td> <td style="width:55%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Name</td> <td style="padding: 2px;">Beth Callans Management Corp.</td> </tr> <tr> <td style="padding: 2px;">Street A</td> <td style="padding: 2px;">595 Bay Isles Road Suite 200</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Longboat Key, FL. 34228</td> </tr> <tr> <td style="padding: 2px;">Code</td> <td style="padding: 2px;"></td> </tr> </table> </td> </tr> </table>						BETH CALLANS MANAGEMENT 595 BAY ISLES RD., STE.201 LONGBOAT KEY, FL 34228	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Name</td> <td style="padding: 2px;">Beth Callans Management Corp.</td> </tr> <tr> <td style="padding: 2px;">Street A</td> <td style="padding: 2px;">595 Bay Isles Road Suite 200</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Longboat Key, FL. 34228</td> </tr> <tr> <td style="padding: 2px;">Code</td> <td style="padding: 2px;"></td> </tr> </table>	Name	Beth Callans Management Corp.	Street A	595 Bay Isles Road Suite 200	City	Longboat Key, FL. 34228	Code	
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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 <u><i>Beth Callans</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DAVISSON, WALTER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
STREET ADDRESS	990 BLVD OF THE ARTS #602		STREET ADDRESS												
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP												
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
NAME	KOVACIK, THOMAS		NAME	50550 R. IF MB #601											
STREET ADDRESS	990 BLVD OF THE ARTS #601		STREET ADDRESS	990 BLVD. OF THE ARTS #601											
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236											
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
NAME	THOMPSON, CONSTANCE		NAME	ALIAN, JAMES											
STREET ADDRESS	990 BLVD OF THE ARTS #1004		STREET ADDRESS	990 BLVD. OF THE ARTS #903											
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA FL 34236											
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	BRAVES, RALPH		NAME												
STREET ADDRESS	990 BLVD OF THE ARTS #1501		STREET ADDRESS												
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP												
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	MARRIOT, WILLIAM		NAME												
STREET ADDRESS	990 BLVD OF THE ARTS # 703		STREET ADDRESS												
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP												
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY-ST-ZIP			CITY-ST-ZIP												
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>William Marriott</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															
				Date	Daytime Phone #										