2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006071

1. Entity Name
BEACHWALK TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
213,215,217,219 81ST STREET HOLMES BEACH, FL 34217	215 81ST STREET HOLMES BEACH, FL 34217

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1141355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMITZ, LAWRENCE J
215 81ST STREET
HOLMES BEACH, FL 34217

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILKES, DAVEY
STREET ADDRESS	213 81ST ST.
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	DT
NAME	SCHMITZ, LAWRENCE J
STREET ADDRESS	215 81ST ST.
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	CARNEY, JOHN
STREET ADDRESS	219 81ST ST.
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	S
NAME	BRADLEY, PIERCEY
STREET ADDRESS	217 81ST STREET
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000382033
01/11/06-80080-007 61.25

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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: Lawrence J Schmitz O.T. 1-7-06 941-778-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #