2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# N05000004618

Entity Name: BEACH CLUB 160 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3470802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: DUKEMAN, NANCY
Address: 1801 ISLAND CLUB DR #87
City-St-Zip: INDIATLANTIC, FL 32903

Title: SD ( ) Delete
Name: GARNER, JOHN
Address: 1850 CHARLESMONT DR #114
City-St-Zip: INDIATLANTIC, FL 32903

Title: TD ( ) Delete
Name: KOSKEY, RICHARD
Address: 3511 W COMMERCIAL BLVD #302
City-St-Zip: FT LAUDERDALE, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHOCKEY, ROBIN
Address: 1951 ISLAND CLUB DR #47
City-St-Zip: INDIANLANTIC, FL 32903

Title: VPD (X) Change ( ) Addition
Name: BURKE, CAROL
Address: 882 CORAL SPRINGS ST
City-St-Zip: MELBOURNE, FL 32940

Title: TD (X) Change ( ) Addition
Name: FRANKLIN, ALTAIR
Address: 1951 ISLAND CLUB DR #48
City-St-Zip: INDIANLANTIC, FL 32903

Title: D ( ) Change (X) Addition
Name: GARNER, JONATHAN
Address: 1850 CHARLESMONT DR #114
City-St-Zip: INDIANLANTIC, FL 32903

Title: D ( ) Change (X) Addition
Name: HALLWELL, WILLIAM
Address: 1999 ISLAND CLUB DR #19
City-St-Zip: INDIANLANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN SHOCKEY PD 03/20/2007

Electronic Signature of Signing Officer or Director — Date