

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:06

DOCUMENT # **N31580 (6)**

1. Corporation Name

**BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1550 S. OCEAN DR.  
B10  
FT. PIERCE FL 34949  
US

1550 S. OCEAN DR.  
B10  
FT. PIERCE FL 34949  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1989** 3a. Date of Last Report **03/25/1994**

4. FEI Number **65-0128950** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1550 S. OCEAN DR**

26 **1550 S. OCEAN DR**

Suite, Apt. #, etc. **D 19**

Suite, Apt. #, etc. **D-19**

22 City & State **FT PIERCE FL**

27 City & State **FT PIERCE FL**

23 Zip **34949** Country **US**

28 Zip **34949** Country **US**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CATHY  
1550 S. OCENA DR.  
STE. #B10  
FT. PIERCE FL 34949

81 Name **YARGEAU, ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable) **1550 S. OCEAN DR**  
83 **# D 19**  
84 City **FT. PIERCE** FL 85 Zip Code **34949**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Yargeau*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **BUCHWALD, ERIC**  
STREET ADDRESS **8044 TWIN LAKE DR.**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **YD**  Change  Addition  
1.2 NAME **BUCHWALD, ERIC**  
1.3 STREET ADDRESS **8044 TWIN LAKE DR**  
1.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **TD**  
NAME **PETERSON, CATHY**  
STREET ADDRESS **1550 S. OCEAN DR., B10**  
CITY-ST-ZIP **FT. PIERCE FL**

2.1 TITLE **TD**  Change  Addition  
2.2 NAME **ELLIOTT, KATHY**  
2.3 STREET ADDRESS **1403 GREENCOVE RD.**  
2.4 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD**  
NAME **NEIMEIER, DON**  
STREET ADDRESS **1550 S. OCEAN DR. C18**  
CITY-ST-ZIP **FT. PIERCE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **PD**  Change  Addition  
4.2 NAME **YARGEAU, ROBERT**  
4.3 STREET ADDRESS **1550 S. OCEAN DR D-19**  
4.4 CITY-ST-ZIP **FT PIERCE, FL 34949**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Robert Yargeau* **ROBERT YARGEAU** 1-23-95 (407) 468-2835

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

(Type in Block 9)