

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31580 (6)

1. Corporation Name
BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1550 S OCEAN DR D 19 FT PIERCE FL 34949 US	Mailing Address 1550 S OCEAN DR D - 19 FT PIERCE FL 34949 US
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3. Date Incorporated or Qualified 04/07/1989	3a. Date of Last Report 01/30/1995
4. FEI Number 65-0128950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1550 S. Ocean Dr. Suite, Apt. #, etc. 22 Unit B-8 City & State 23 Ft. Pierce FL Zip 24 34949	2a. Mailing Address 26 1550 S. Ocean Dr. Suite, Apt. #, etc. 27 Unit B-8 City & State 28 Ft. Pierce FL Zip 29 34949	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

YARGEAU, ROBERT
1550 S OCEAN DR
#D 19
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name **John Stiglin**
 82 Street Address (P.O. Box Number is Not Acceptable)
1550 S. Ocean Dr.
Unit B-8
 83 City
Ft. Pierce **FL** 85 Zip Code
34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.033, Florida Statutes.

SIGNATURE *John Stiglin* **President** DATE **3/28/96**

(NOTE: Registered Agent signature required w/ or reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUCHWALD, ERIC	
STREET ADDRESS	8044 TWIN LAKE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, KATHY	
STREET ADDRESS	1403 GREENCOVE RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEIMEIER, DON	
STREET ADDRESS	1550 S. OCEAN DR. C18	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YARGEAU, ROBERT	
STREET ADDRESS	1500 S OCEAN DR D-19	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ms. Valerie Johnson	
1.3 STREET ADDRESS	1550 S. Ocean Dr. Unit A-1	
1.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Stiglin	
4.3 STREET ADDRESS	1550 S. Ocean Dr. Unit B-8	
4.4 CITY-ST-ZIP	Ft. Pierce FL. 34949	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy B. Elliott* **Treasurer** DATE **3/28/96** DAYTIME PHONE # **407-644-9583**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (12/95)