2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N36255

1. Entity Name
THE BEACH CLUB CONDOMINIUM ASSOCIATION OF PENSACOLA BEACH, INC.

Principal Place of Business	Mailing Address
C/O REALTY MARTS INT INC 1591 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561 US	C/O REALTY MARTS INTERNATIONAL INC 1591 VIA DELUNA DR PENSACOLA, FL 32561 US

DO NOT WRITE IN THIS SPACE

04022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2993837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FADDIS, JOANNE
C/O REALTY MARTS INTERNATIONAL INC
1591 VIA DELUNA DR.
PENSACOLA BCH., FL 32561

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCAY, BEVERLY
STREET ADDRESS	18 VIA DELUNA DR.
CITY-ST-ZIP	PENSACOLA BEACH, FL
TITLE	D
NAME	WOODBURY, WILLIAM
STREET ADDRESS	18 VIA DELUNA DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	ST
NAME	PUTFARK, ERROL
STREET ADDRESS	18 VIA DEKUNA DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	DV
NAME	MCNALLY, TERRANCE
STREET ADDRESS	18 VIA DELUNE DR
CITY-ST-ZIP	PENSACOLA, FL 32561
TITLE	D
NAME	MEYER, CHARIES
STREET ADDRESS	18 VIA DELUNA DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	D
NAME	CIANO, TED
STREET ADDRESS	18 VIA DELUNA DR
CITY-ST-ZIP	PENSACOLA, FL 32561

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04/18/05-80065-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joanne Faddis Manager 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #