

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N36255

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



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

Mailing Address
**C/O REALTY MARTS INTERNATIONAL INC
1591 VIA DELUNA DR
PENSACOLA, FL 32561 US**



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000783890
01/16/08-80034-007 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

Ben McCar Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08
1-11-08
Date

Daytime Phone #