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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31432

1. Corporation Name

BEACH CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10740 S. OCEAN DRIVE

P.O. BOX 22197

JENSEN BEACH, FLORIDA 34957

LAKE BUENA VISTA, FLORIDA

U.S.

32830-2197

U.S.

3. Date Incorporated or Qualified

03/30/1989

3a. Date of Last Report

04/12/96

4. FEI Number

59-2943478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**800002165378
-05/05/97--01025--023**

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0509 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	BRAZ, RONALD	
STREET ADDRESS	151 LEXINGTON AVE.	
CITY-ST-ZIP	FREEPORT, N.	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	GOIN, ELIZABETH M.	
STREET ADDRESS	10740 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH, FLORIDA	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HANNENBERG, WALTER C.	
STREET ADDRESS	4820 W. BERWYN AVE.	
CITY-ST-ZIP	CHICAGO, IL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	THOMAS, THORP S.	
STREET ADDRESS	13800 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO, FLORIDA	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	OTTS, ROSEMARY K.	
STREET ADDRESS	13800 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO, FLORIDA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	BRAZ, RONALD M.		
1.3 STREET ADDRESS	822 HAVENWOOD DRIVE		
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32828		
2.1 TITLE	VP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	BITTNER, DENNIS		
2.3 STREET ADDRESS	7893 CO RD 426, M.5 RD		
2.4 CITY-ST-ZIP	GLADSTONE, MI 49837		
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	HANNENBERG, WALTER C.		
3.3 STREET ADDRESS	4820 W. BERWYN AVENUE		
3.4 CITY-ST-ZIP	CHICAGO, ILLINOIS 60630-1510		
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	THOMAS, THORP S.		
4.3 STREET ADDRESS	13800 STATE ROAD 535		
4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32821		
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	OTTS, ROSEMARY K.		
5.3 STREET ADDRESS	13800 STATE ROAD 535		
5.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32821		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thorp S. Thomas

4/24/97

Date

(407) 239-3000

Daytime Phone #

CR2E037 (9/96)