



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90212 036 \*\*\*\*61.25

<b>DOCUMENT # 716555</b> 1. Entity Name <b>BEACH MANOR VILLAS, SOUTH, INC.</b>					
Principal Place of Business <b>KEYS CALDWELL INC</b> <b>1152 INDIAN HILLS BLVD</b> <b>VENICE, FL 34285</b>			Mailing Address <b>KEYS CALDWELL INC</b> <b>1152 INDIAN HILLS BLVD</b> <b>VENICE, FL 34285 US</b>		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60032889</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>04122006</span> <span>Chg-NP</span> <span>CR2E037 (11/05)</span> </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1443088</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>CALDWELL, ANNETTE K.</b> <b>1162 INDIAN HILLS BLVD</b> <b>VENICE, FL 34293</b>				7. Name and Address of New Registered Agent  Name <b>KEYS CALDWELL INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b> City <b>FL</b> Zip Code	
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 <u><i>James A. Krout</i></u> DATE <u>4/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>TAN ZELLA, BOB</b> <b>1015 LOOPER ST #25</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <b>JACK STEWART</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1019 Beach Manor Center #35</b> <b>VENICE FL 34285</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHWALKER, CHARLES</b> <b>210 E FIELD AVE #3</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Bob Tanzella</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1015 Cooper St. #25</b> <b>VENICE FL 34285</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>WATSON-ELLIGER, GAIL</b> <b>27 BEACH MANOR LANE #16</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Gail Watson - Ellinger</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>27 Beach Manor Lane #16</b> <b>VENICE FL 34285</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CECIL, JUSTINE</b> <b>1028 BEACH MANOR CIR., #45</b> <b>VENICE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO <b>Erna Westervelt</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1016 Beach Manor Circle #35</b> <b>VENICE FL 34285</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WATSON-ELLINGER, GAIL</b> <input checked="" type="checkbox"/> Delete <b>27 BEACH MANOR LN #16</b> <b>VENICE, FL 34285</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAGI, PAUL</b> <input checked="" type="checkbox"/> Delete <b>1026 BEACH MANOR CTR #32</b> <b>VENICE, FL 34285</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>J. Robert Tanzella</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					