## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716555** 

FILED Apr 20, 2009 Secretary of State

Entity Name: BEACH MANOR VILLAS, SOUTH, INC. **Current Principal Place of Business: New Principal Place of Business:** KEYS CALDWELL INC 1152 INDIAN HILLS BLVD VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** KEYS CALDWELL INC 1152 INDIAN HILLS BLVD VENICE, FL 34285 FEI Number: 59-1443088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEYS CALDWELL INC 1162 INDIAN HILLS BLVD VENICE, FL 34293 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEWART, JACK Name: Name: 1019 BEACH MANOR CTR 35 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition TANZELLA, BOB Name: MAGI, PAUL Name: Address: 1015 COOPER ST 25 Address: 1026 BEACH MANOR CENTER, #32 City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 Title: () Delete Title: PD (X) Change ( ) Addition ELLWINGER, GAIL WATSON GRANT, ROBERT Name: Name: 27 BCH MANOR LN 16 1017 BEACH MANOR CIRCLE, #52 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 Title: STD ( ) Delete Title: () Change () Addition Name: GIRARD, MAURICE Name: 1014 BCH MANOR CIR 38 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MAGI, PAUL FITTS, STANLEY Name: Name: 1015 BEACH MANOR CENTER, #37 1026 BEACH MANOR CNT #32 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GRANT PD 04/20/2009