| I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| above, or on an attachment with all other like empowered. | | |
| SIGNATURE: KATHLEEN DESANTI | TREASURER | 03/06/2018 |

SIGNATURE: KATHLEEN DESANTI

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2625 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931

Current Mailing Address:

PO BOX 380 EAST QUOGUE, NY 11942 US

FEI Number: 59-1457593

Name and Address of Current Registered Agent:

DESANTI, KATHLEEN RA 2625 S. ATLANTIC AVE #6 COCOA BEACH, FL 32931 US

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 | : KATHLEEN DESANTI | | | 03/06/2018 | | |
|---------------------------|------------------------------------------|-----------------|-------------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | VP | Title | BOARD MEMBER | | | |
| Name | PARDA, ELLEN | Name | GAZAW, PAT | | | |
| Address | 1835 S. ATLANTIC AVE, | Address | 8357 SUPINLICK RIDGE RD | | | |
| City-State-Zip: | 303 COCOA BEACH FL 32931 | City-State-Zip: | MT. JACKSON VA 22842 | | | |
| T .(1) | | Title | BOARD MEMBER | | | |
| Title | PRESIDENT | Name | MICELI, ANGELO | | | |
| Name | DESANTI, DENNIS | Address | 1684 COLEEN DRIVE | | | |
| Address | PO BOX 380 | City-State-Zip: | BELLE ISLE FL 32809 | | | |
| City-State-Zip: | EAST QUOGUE NY 11942 | | | | | |
| Title | BOARD MEMBER | Title | TREASURER | | | |
| Name | KUSSLER, BILL | Name | DESANTI, KATHLEEN | | | |
| Address | 14884 61 CT N | Address | PO BOX 380 | | | |
| City-State-Zip: | | City-State-Zip: | EAST QUOGUE NY 11942 | | | |

Certificate of Status Desired: No

FILED Mar 06, 2018 **Secretary of State** CC1341857668

Date