

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744977

Entity Name: BEACHPLACE ASSOCIATION, INC.

Current Principal Place of Business:

1109 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Current Mailing Address:

1109 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

FEI Number: 59-1936363

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LYSEN, LOREN
1109 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name LOW, VIRGINIA
Address 1109 GULF OF MEXICO DRIVE
City-State-Zip: LONGBOAT KEY FL 34228

Title TD
Name PARRIS, KIMBERLY
Address 1109 GULF OF MEXICO DRIVE
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name BAKER, STEVE
Address 1109 GULF OF MEXICO DRIVE
City-State-Zip: LONGBOAT KEY FL 34228

Title ASD
Name SOSKOLNE, ERROL
Address 1109 GULF OF MEXICO DRIVE
City-State-Zip: LONGBOAT KEY FL 34228

Title VP
Name BERNER, RICHARD
Address 1109 GULF OF MEXICO DR
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY
Name MCCARTNEY, ERIC
Address 1109 GULF OF MEXICO DR.
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name TRAXLER, STEVE
Address 1109 GULF OF MEXICO DR
City-State-Zip: LONGBOAT KEY FL 34228

I hereby 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 all other like empowered.

SIGNATURE: ERROL SOSKOLNE

ASSISTANT SECRETARY 03/15/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date