

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**Name and Address of Current Registered Agent:**

LUMAN, NICHOLAS  
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 SD  
Name PEAKES, LEE  
Address 1109 GULF OF MEXICO DRIVE  
City-State-Zip: LONGBOAT KEY FL 34228

Title D  
Name STEPHANI, A. RON  
Address 1109 GULF OF MEXICO DRIVE  
City-State-Zip: LONGBOAT KEY FL 34228

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

Title D  
Name REED, JEFF  
Address 1109 GULF OF MEXICO DRIVE  
City-State-Zip: LONGBOAT KEY FL 34228

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

Title DIRECTOR  
Name FRIEDMAN, ANN  
Address 1109 GULF OF MEXICO DRIVE  
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:** JOHN KEELIN

**PRESIDENT**

**05/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date