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. 01/09/2015 SIGNATURE: ROBERT W CALDWELL III

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 749296

Entity Name: BEACH BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5201 GULFPORT BLVD GULFPORT, FL 33707

Current Mailing Address:

5201 GULFPORT BLVD GULFPORT. FL 33707

FEI Number: 59-2967669

Name and Address of Current Registered Agent:

BOCA GRANDE FL 33921

Electronic Signature of Registered Agent

HORNSLETH, POUL 5201 GULFPORT BLVD. GULFPORT, FL 33707 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:

City-State-Zip:

Officer/Director Detail : Title PRES Title VP HORNSLETH, POUL Name Name HORNSLETH, APRIL C 2846 SKIMMER POINT DR. Address 2846 SKIMMER POINT DR. Address City-State-Zip: GULFPORT FL 33707 City-State-Zip: GULFPORT FL 33707 Title D Name CALDWELL, ROBERT WIII Address 131 PALM AVENUE #1971

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

DIRECTOR

Date

FILED Jan 09, 2015 Secretary of State CC4834523780

Certificate of Status Desired: No

Date