

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758055

**Entity Name:** BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3201 S OCEAN BLVD  
MANAGERS OFFICE  
HIGHLAND BEACH, FL 33487-2566**Current Mailing Address:**3201 S OCEAN BLVD  
MANAGERS OFFICE  
HIGHLAND BEACH, FL 33487-2566 US**FEI Number:** 59-2119235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
625 N FLAGLER DR  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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	VP
Name	SZERLAG, DAVID
Address	3201 S. OCEAN BLVD. UNIT # 303
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	DIRECTOR
Name	LAMPERT, SAUL
Address	3201 S. OCEAN BLVD. UNIT # 304
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	SECRETARY
Name	JAMES, BARBARA
Address	3201 S. OCEAN BLVD. UNIT # PH-1
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	PRESIDENT
Name	O'CONNELL, HEIDE
Address	3201 S. OCEAN BLVD UNIT # 702
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	TREASURER
Name	KALOYANIDES, JAMES M
Address	3201 SOUTH BEACH BLVD UNIT # 403
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	ASST. SECRETARY
Name	EVANS, DAVID R
Address	2541 S.W. CRANBROOK PL
City-State-Zip:	BOYNTON BEACH FL 33436

*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:** DAVID R. EVANS**ASST. SECRETARY &  
MANAGER****03/10/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date