2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31580

Entity Name: BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM

ASSOCIATION, INC.

Feb 10, 2020 Secretary of State 5837386011CC

FILED

Current Principal Place of Business:

1550 S OCEAN DR

#1

FT PIERCE, FL 34949

Current Mailing Address:

C/O DELTA MANAGEMENT GROUP, INC. 1713 RIO VISTA DRIVE FT PIERCE, FL 34949 US

FEI Number: 65-0128950 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELTA MANAGEMENT GROUP, INC. DELTA MANAGEMENT GROUP, INC. 1713 RIO VISTA DRIVE FT PIERCE, FL 34949 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: ELAINE M. MULDERRIG, CAM 02/10/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title SECRETARY Title DIRECTOR-AT-LARGE

Name LYNCH, SARAH Name ALFONSO, ELAINE

Address 1550 S. OCEAN DRIVE UNIT 18-C Address UNIT #12-B

FORT PIERCE FL 34949 City-State-Zip: FORT PIERCE FL 34949

Title PRESIDENT Title TREASURER

Name CABRERA, JOHN Name TRINKOFSKY, RYAN Q

Address 1550 S. OCEAN DRIVE Address 1550 S. OCEAN DRIVE,

UNIT #7-B UNIT #D-23

City-State-Zip: FORT PIERCE FL 34949 City-State-Zip: FORT PIERCE FL 34949

TitleDIRECTOR-AT-LARGETitleDIRECTOR-AT-LARGENameAGUILILLA, DOUGLASNameOFFREDI, ANTHONY

Address 11807 GREYSTONE DRIVE Address 4140 LAKE FOREST COURT

City-State-Zip: BOCA RATON FL 33428 City-State-Zip: ANN ARBOR MI 48108

Title VICE-PRESIDENT Title DIRECTOR-AT-LARGE
Name VALKENBURG, JASON Name BAKER, SHIRLEY

Address 3813 W TACON STREET Address 1550 S. OCEAN DRIVE

D-20

City-State-Zip: TAMPA FL 33629 City-State-Zip: FORT PIERCE FL 34949

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 CABRERA PRESIDENT 02/10/2020