

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31580

FILED
Feb 25, 2022
Secretary of State
1071152051CC

Entity Name: BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994 US

FEI Number: 65-0128950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, DEBORAH ESQ.
C/O ROSS, EARLE, BONAN, & ENSOR
759 S FEDERAL HIGHWAY SUITE213
STUART, FL 34994 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: DEBORAH ROSS

02/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MUELLER, KAY
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

Title VICE PRESIDENT
Name VALKENBURG, JASON
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

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Title TREASURER
Name CANDELA, NORA
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

Title SECRETARY
Name QUEVEDO, GRACE
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

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Title DIRECTOR
Name AGUILILLA, CLARA
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

Title DIRECTOR
Name MERCED, JAMES
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

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Title DIRECTOR
Name PHILBY, WILLIAM
Address C/O COASTAL PROPERTY
 MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400

Title DIRECTOR
Name RABIDEAU, TIM
Address C/O COASTAL PROPERTY
 MANAGEMENT
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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: KAY MUELLER

PRESIDENT

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANCHEZ, GABRIEL
Address C/O COASTAL PROPERTY MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400
City-State-Zip: STUART FL 34994