

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90017 024 \*\*\*\*61.25

**DOCUMENT # 722988**

1. Entity Name

BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

302 CORONA AVENUE  
COCOA BEACH FL 32931  
US

Mailing Address

200 N FIRST STREET  
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2369790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGERMAN, MARILYN A  
200 NORTH FIRST STREET  
COCOA BEACH FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HOSKINS, STEVE ☒ Delete  
STREET ADDRESS 302 CORONA AVENUE  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE JVP  
NAME DAVID S LOAN ☐ Change ☒ Addition  
STREET ADDRESS 211 Circle Drive 24  
CITY-ST-ZIP Cape Canaveral FL 32920

TITLE D  
NAME LAVOIE, NORMAND ☐ Delete  
STREET ADDRESS 308 LINDSEY COURT  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE DST  
NAME Juan Chandler ☐ Change ☒ Addition  
STREET ADDRESS 148 Lake View Drive  
CITY-ST-ZIP Haines City FL 33844

TITLE DS  
NAME HAMILTON, JOYCE ☐ Delete  
STREET ADDRESS PO BOX 34  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE DIAT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Janice Flood ☐ Change ☒ Addition  
STREET ADDRESS 1253 Markham  
CITY-ST-ZIP Spring Hill FL 34606

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Flood

1-20-05

Date

Daytime Phone #

321  
784-1387