## 2006 NOT-FOR-PROFIT CORPORATION ., ANNUAL REPORT (AR)

## Secretary of State **DOCUMENT # 722988** 1. Entity Name 03-10-2006 90005 032 \*\*\*\*61.25 BEACH CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 302 CORONA AVENUE COCOA BEACH FL 32931 200 N FIRST STREET COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2369790 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIGERMAN, MARILYN A 200 NORTH FIRST STREET Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP TITLE ☐ Delete TITLE Change Addition Normand Lavoice SLOAN, DAVID NAME 211 CIRCLE DRIVE 24 308 Lindsay Court STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY - ST - ZIP Canavaral FL 32520 DST TITLE ☐ Delete Addition CHANDLER, JUAN NAME NAME 148 LAKE VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HAMILTON, JOYCE NAME STREET ADDRESS PO BOX 34 STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Addition NAME FLOOD, JANICE NAME STREET ADDRESS 1253 MARKHAM STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Mar 10, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.