2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# 722988

Entity Name: BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

302 CORONA AVENUE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931 US

Current Mailing Address:

200 N FIRST STREET
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-2369790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SLOAN, DAVID	
Address:	211 CIRCLE DRIVE 24	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	DST	( ) Delete
Name:	CHANDLER, JUAN	
Address:	148 LAKE VIEW DRIVE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	DVP	( ) Delete
Name:	HAMILTON, JOYCE	
Address:	PO BOX 34	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	DP	( ) Delete
Name:	LAVOIE, NORMAND	
Address:	308 LINDSAY CT	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	D	( ) Delete
Name:	BIANCHI, JOHN	
Address:	224 SWEET STREET	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAND LAVOIE P 05/07/2009
Electronic Signature of Signing Officer or Director — Date