


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 016 ****61.25

DOCUMENT # 723550 1. Entity Name BEAU RIVAGE SHORES ASSOCIATION, INC.					
Principal Place of Business 133 BEAU RIVAGE DR. ORMOND BEACH, FL 32176			Mailing Address C/O GERALD MCCARTHY 126 BEAU RIVAGE DR ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 115 BEAU RIVAGE DR		3. Mailing Address 115 BEAU RIVAGE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORMOND BEACH FL.		City & State ORMOND BEACH FL		4. FBI Number 59-2954008	
Zip 32176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, GERALD 126 BEAU RIVAGE DR ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name SCHMELZ, ANGUS Street Address (P.O. Box Number is Not Acceptable) 109 BEAU RIVAGE DR. City ORMOND BEACH, FL Zip Code 32176		
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 <u><i>Angus Schmeltz</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	V CRUZE, VERNON V <input type="checkbox"/> Delete 104 BEAU RIVAGE DR ORMOND BEACH, FL 321762201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete MCCARTHY, GERALD T 126 BEAU RIVAGE DR ORMOND BEACH, FL 321762201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHMELZ, ANGUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 109 BEAU RIVAGE DR. ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete BAMBERGER, DAVID S 101 BEAU RIVAGE DR. ORMOND BEACH, FL 321762201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIVINGSTON, ALBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 115 BEAU RIVAGE DR ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Delete CONNELL, CHARLES P 133 BEAU RIDGE DRIVE ORMOND BEACH, FL 321762201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WESLEY, MUREL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 BEAU RIVAGE DR. ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete CONNELL, CHARLES D 133 BEAU RIVAGE DR ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MCCARTHY, GERALD D 126 BEAU RIVAGE DR. ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Angus S. Schmeltz</i></u> ANGUS S. SCHMELZ 7/29/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					