

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723550

FILED
Apr 01, 2009
Secretary of State

Entity Name: BEAU RIVAGE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

107 BEAU RIVAGE DR.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

107 BEAU RIVAGE DR.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2954008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMELZ, DAVID
107 BEAU RIVAGE DR.
ORMOND BEACH, FL 32176 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: V () Delete
Name: CRUZE, VERNON V
Address: 104 BEAU RIVAGE DR
City-St-Zip: ORMOND BEACH, FL 321762201

Title: T () Delete
Name: LIVINGSTON, ALBERT
Address: 115 BEAU RIVAGE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: P () Delete
Name: SCHMELZ, DAVID
Address: 107 BEAU RIVAGE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: SCHMELZ, CHRISTINE
Address: 107 BEAU RIVAGE DR.
City-St-Zip: ORMOND BEACH, FL 32176

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:

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: DAVID M SCHMELZ

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date