



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 012 ****61.25

DOCUMENT # 729947					
1. Entity Name BEACH CLUB CONDOMINIUM MOTEL ASSOCIATION, INC.					
Principal Place of Business 3727 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32127-5208			Mailing Address 3727 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32127-5208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1634457	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACKAY, FRANK BEACH CLUB CONDO OFFICE 3727 SO. ATLANTIC AVE. DAYTONA BEACH, FL 32118			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISNIEWSKI, JOE		NAME	HANK SLEPSKI	
STREET ADDRESS	2615 S. ATLANTIC AVE.		STREET ADDRESS	3727 S. ATLANTIC AVE. #206	
CITY-ST-ZIP	DAYTONA BCH., FL		CITY-ST-ZIP	DAYTONA BEACH SHORES, FL. 32118	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABEL. EMBREY		NAME	LINNIE LOWE	
STREET ADDRESS	3727 S. ATLANTIC AV #310		STREET ADDRESS	419 NORTH BOYD ST.	
CITY-ST-ZIP	DAYTONA BCH., FL		CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUNDSEN, JUDY		NAME	DAVID JACKSON	
STREET ADDRESS	611 MOCKINGBIRD LANE		STREET ADDRESS	7817 S.W. 57TH. LANE #271	
CITY-ST-ZIP	ALTAMONTE SPGS., FL		CITY-ST-ZIP	GAINSVILLE, FL. 32608	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMEYER, JACKIE		NAME	←	
STREET ADDRESS	3727 S. ATLANTIC AV #413		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDUFF, BARBARA		NAME		
STREET ADDRESS	1224 JORDAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, DOMINICK		NAME		
STREET ADDRESS	5310 BURNING TREE DR		STREET ADDRESS	3727 S. Atlantic #206	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Daytona Beach Shores, Fl. 32118	
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: 			Date: 4-23-07		Daytime Phone #: 386-761-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					