

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90029 031 \*\*\*\*61.25

**DOCUMENT # 732566**

1. Entity Name

**BEACH CLUB COLONY COVE, INC.**



Principal Place of Business

**FOOT OF EL MAR & N. LAS OLAS  
JENSEN BEACH FL 34957  
US**

Mailing Address

**PO BOX 6040  
JENSEN BEACH FL 34957  
US**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2182516**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, BARBARA L  
71 S. LAS OLAS DR  
JENSEN BEACH FL 34957**

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

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 **D**  Delete  
NAME **CHAPLIN, STANLEY**  
STREET ADDRESS **4060 NE BREAKWATER**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **PRESIDENT**  Change  Addition  
NAME **WAKULA, JOHN**  
STREET ADDRESS **37 MALIFAX DR.**  
CITY-ST-ZIP **MORGANVILLE, NJ 07751**

TITLE **P**  Delete  
NAME **LATHAM, CHARLES**  
STREET ADDRESS **64 EL MAR DR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **DIRECTOR**  Change  Addition  
NAME **SMOYER, LAUREN W.**  
STREET ADDRESS **601 NW 67th AVE.**  
CITY-ST-ZIP **PLANTATION, FL 33317-1733**

TITLE **S**  Delete  
NAME **NUZUM, JOHN**  
STREET ADDRESS **9650 S OCEAN DR., #1605**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **RAND, MARWOOD**  
STREET ADDRESS **200 EL MAR DR. APT. 202B**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VICE PRESIDENT**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **WRIGLEY, LEVAINE**  
STREET ADDRESS **200 EL MAR DR., #105-A**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **JOHNSTON, GORDON L.**  
STREET ADDRESS **34 W. HIGH POINT ROAD**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **DIRECTOR**  Change  Addition  
NAME **SUPPLEE, TOM**  
STREET ADDRESS **109 S. MAIN ST-**  
CITY-ST-ZIP **DUBLIN, PA 18917-2419**

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.

SIGNATURE: *John Wakula* **JOHN WAKULA**

*03/29/06*

**732-536-8015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #