

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90296 030 \*\*\*\*61.25

**DOCUMENT # 734085**

1. Entity Name  
**BEACH COTTAGES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 194  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND, FL 33924 US

Mailing Address  
P.O. BOX 194  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND, FL 33924 US

**50011495**



01072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1725725**

Applied For  
Not Applicable

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

**SOUTH SEAS PLANTATION RESORT  
13000 CAPTIVA ROAD  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND, FL 33924**

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

**Filing 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

TITLE ☐ Delete  
NAME **THRELKEL, ELLIE**  
STREET ADDRESS **1315 N LAKE ELBERT DRIVE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☒ Delete  
NAME **WHITEHOUSE, J., DAVID**  
STREET ADDRESS **6585 TATES CREEK RD**  
CITY-ST-ZIP **LEXINGTON, KY 40515**

TITLE ☐ Delete  
NAME **DRISSELL, NORMAN**  
STREET ADDRESS **914 INNSBROOKE ESTATES**  
CITY-ST-ZIP **VILLAGE OF INNSBROOK, MO 63390**

TITLE ☐ Delete  
NAME **LLOYD, ROBERT**  
STREET ADDRESS **9112 MARIA AVENUE**  
CITY-ST-ZIP **GREAT FALLS, VA 22066**

TITLE ☐ Delete  
NAME **HOGENMILLER, JEFF**  
STREET ADDRESS **1212 LOYOLA DRIVE**  
CITY-ST-ZIP **LIBERTYVILLE, IL 60048**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **STD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **Gerald Clark**  
STREET ADDRESS **12508 Clark Manor Cir.**  
CITY-ST-ZIP **St Louis, MO 63141**

TITLE ☒ Change ☐ Addition  
NAME **ID**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Robert E. Lloyd**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/06 239-395-3771**  
Date Daytime Phone #