

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734085

FILED
Apr 06, 2009
Secretary of State

Entity Name: BEACH COTTAGES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1725725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 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: STD () Delete
Name: THRELKEL, ELLIE
Address: 1315 N LAKE ELBERT DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CLARK, GERALD
Address: 12508 CLARK MANOR CIR
City-St-Zip: SAINT LOUIS, MO 63141

Title: D () Delete
Name: DRISSELL, NORMAN
Address: 914 INNSBROOKE ESTATES
City-St-Zip: VILLAGE OF INNSBROOK, MO 63390

Title: PD () Delete
Name: LLOYD, ROBERT
Address: 9112 MARIA AVENUE
City-St-Zip: GREAT FALLS, VA 22066

Title: VD () Delete
Name: HOGENMILLER, JEFF
Address: 1212 LOYOLA DRIVE
City-St-Zip: LIBERTYVILLE, IL 60048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THRELKEL, ELLIE
Address: 1315 N LAKE ELBERT DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HOBBY, JEFFREY
Address: 256 BAKERSVILLE RD
City-St-Zip: SOUTH DARTHMOUTH, MA 02748

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: BOB LLOYD

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date