## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

739460

(4)

## BEACH FRONT PROPERTY CLUB, INCORPORATED

Principal Place of Business Malling Address				) (	TATE ALBET ACTE MINELS NIMIT NEWEL MEDIT ANNI		
680 11TH STREET KEY COLONY BEACH FL 33051-0193 US		P.O. BOX 510343 KEY COLONY BEACH FL 33051-0343 US					
		00			3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 02/27/1996	
2. Principa: P	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0008911	Applied For Not Applicable	
Suile, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24			Country		8. This corporation has liability for intengible tax under s. 199.032.  Florida Statutes Yes No		
	9. Name and Address of Curren		1301		10. Name and Address of New Re	<del> </del>	
				Name		gradiou rigorii	
HARPER, H. CHANDLER			82	Street	at Address (P.O. Box Number is Not Acceptable)		
680 11TH STREET KEY COLONY BEACH FL 33051			83				
			84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE.	Stgnature, typical or printed name of registered ager	it and trie if applicable (NOT)	E: Registered Age	nt signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE			Change Addition	
NAME	CHANDLER, HARPER		1.2 NAME		HARPER, H. CHANDLE	<b>2</b>	
STREET ADORESS	680 11TH ST		1.3 STREET	ADDRESS			
CITY - ST - ZIP	KEY COLONY BEACH FL		1.4 CITY - S	T-ZIP			
TITLE	PD	☐ DELETE	21 TITLE			Change Addition	
NAME	Parker, renee		2.2 NAME				
STREET AUDRESS	470 11TH STREET		2 3 STREET	ADDRESS			
CITY - ST - ZIP	KEY COLONY BEACH FL		2 4 CITY-5	st-zip			
TOTLE	DVP	<b>₹</b> DELETE	3 1 TITLE		2	Change Addition	
NAME	SIMPSON, DONALD		3.2 NAME		DONN'S CHET		
STREET ADDRESS	460 11TH STREET		3.3 STREET	ADDRESS	BUNN, CHET 229 12 H STREET KEY COLONY BEACH		
DITY - ST- ZIP	KEY COLONY BCH, FL 00000		3.4. CITY - S	T-ZIP	KEY COLONY BEACH	, FL 33051	
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition	
NAME	DEVITT, DOROTHY		4. 2 NAME				
STREET ADDRESS	480 10 STREET		4.3 STREET	ADDRESS			
CHTY-ST-ZIP	KEY COLONY BEACH FL		4.4 CITY~S	T-ZIP			
TITLE	D	DELETE	5.1 101LE		D	Change Addition	
NAME	CLARK, MORTON D.		5.2 NAME		FILOON, JACK		
STREET ADDRESS	621 9TH STREET		5.3 STREET	ADDRESS	TA THU CHART		
CITY - ST - ZIP	KEY COLONY BEACH FL		5.4 CITY-S	T - Z)P	Key Colony Beach DV# Fijuk, Geolde	1. FL 33051	
TITLE	D	☐ DELETE	6.1 TITLE		DVA	Change Addition	
NAME	Fijux, george		6.2 NAME		FIJUK, GEOADE		
STREET ADDRESS	800 10TH STREET		6.3 STREET		· <del>-</del>		
CITY - \$1 - ZIP	KEY COLONY BCH, FL 00000		6.4 CITY-S		•		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emporaged to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

305.743.8829

**FILED** 

Mar 25 1997 8:00am

Secretary of State

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