


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 049 ****61.25

DOCUMENT # 739560 1. Entity Name BEACH WINDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 650 N. ATLANTIC AVE. COCOA BEACH, FL 32931			Mailing Address 650 N. ATLANTIC AVE. COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1847678	
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		
CLAYTON & MCCULLOH 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOROMOKOS, JAMES		NAME	RICK KITAIN	
STREET ADDRESS	650N ATLANTIC PH 2		STREET ADDRESS	1622 Cedar Glen DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	APOKA, FL 32712	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDER VEEN, JUNE		NAME	NANCY COX	
STREET ADDRESS	650 N ATLANTIC 608		STREET ADDRESS	650 N. Atlantic Ave # 704	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, PAT		NAME	DAVID DEAN	
STREET ADDRESS	650 N ATLANTIC, # 611		STREET ADDRESS	650 N. Atlantic Ave # 602	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEL, BANNY		NAME		
STREET ADDRESS	650 N ATLANTIC, # 711		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLUP, ORSON		NAME		
STREET ADDRESS	650 N ATLANTIC, # 211		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>June Vander Veen</i> President			1-29-07 321-783-2456		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1847678

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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.

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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VP PRESIDENT
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 COCOA BEACH, FL 32931

T
 PACE, PAT
 650 N ATLANTIC, # 611
 COCOA BEACH, FL 32931

S
 FRIEL, BANNY
 650 N ATLANTIC, # 711
 COCOA BEACH, FL 32931

D
 GALLUP, ORSON
 650 N ATLANTIC, # 211
 COCOA BEACH, FL 32931

S
 DAVID DEAN
 650 N. Atlantic Ave # 602
 Cocoa Beach, FL 32931

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SIGNATURE: *June Vander Veen* President
 1-29-07 321-783-2456
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #