

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740749

FILED
Mar 31, 2009
Secretary of State

Entity Name: BEACH PARKWAY ASSOCIATES, INC.

Current Principal Place of Business:

1613 BEACH PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1613 BEACH PARKWAY
UNIT #2
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, SOL
1613 BEACH PARKWAY
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

LEVINE, SOL
1613 BEACH PARKWAY
UNIT #2
CAPE CORAL, FL 33904 US

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: SOL LEVINE

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LEVINE, SOL
Address: 1613 BEACH PARKWAY, UNIT #2
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: GLOCER, JORGER A
Address: 1927 S.E. 37TH TERR.
City-St-Zip: CAPE CORAL, FL 33904

Title: SDT () Delete
Name: GLOCER, HELENE
Address: 1927 S.E. 37TH TERR.
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GLOCER, JORGE A
Address: 1927 S.E. 37TH TERR.
City-St-Zip: CAPE CORAL, FL 33904

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

Title: VD () Change (X) Addition
Name: MASON, JERRY
Address: 1613 BEACH PKWY, UNIT # 3
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Change (X) Addition
Name: KOZLOWSKI, R.
Address: 1613 BEACH PKWY, UNIT # 1
City-St-Zip: CAPE CORAL, FL 33904

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: JORGE A. GLOCER

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date