

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 001 ****61.25

DOCUMENT # 743399

1. Entity Name
**THE BEACHMOOR CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9051 GULF SHORE DRIVE
NAPLES, FL 34108 US**

Mailing Address
**9051 GULF SHORE DRIVE
NAPLES, FL 34108 US**



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

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1008467

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

**ADAMS, JOE
BANK OF AMERICA CENTER
4501 TAMiami TRAIL N. SUITE 214
NAPLES, FL 34103**

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 *X*

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, 2008**

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	DT	<input checked="" type="checkbox"/> Delete
NAME	BRUMBACH, PHILIP	
STREET ADDRESS	5 HIGH ROAD	
CITY-ST-ZIP	WYOMISSING, PA 19610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMASON, LORNE	
STREET ADDRESS	165 CLARK RD.	
CITY-ST-ZIP	WOLFEBORO, NH 03894	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMINSKI, RONALD	
STREET ADDRESS	2 DEVONSHIRE DRIVE	
CITY-ST-ZIP	HINSDALE, IL 60521	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAZELBAKER, JANA	
STREET ADDRESS	9051 GULF SHORE DRIVE, PH II	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VEZZA, ROBERT	
STREET ADDRESS	9051 GULF SHORE DR. UNIT 602	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GALLOWAY	
STREET ADDRESS	9051 GULF SHORE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Kaminski	
STREET ADDRESS	2 Devonshire Drive	
CITY-ST-ZIP	OAKBROOK IL 60521	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William V. Doty	
STREET ADDRESS	3607 SHAKESPEARE LANE	
CITY-ST-ZIP	NAPERVILLE, IL 60564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rollin Rhea	
STREET ADDRESS	4260 EAST 79th STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08