

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743399

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9051 GULF SHORE DRIVE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

9051 GULF SHORE DRIVE  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 31-1008467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ATTN: JOE ADAMS  
999 VANDERBILT BEACH RD. SUITE 501  
NAPLES, FL 34108 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: DT ( ) Delete  
Name: GALLOWAY, DAVID  
Address: 9051 GULF SHORE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: KAMINSKI, RONALD  
Address: 2 DEVON SHIRE DRIVE  
City-St-Zip: OAKBROOK, IL 60521

Title: P ( ) Delete  
Name: WILLIAM, DOTY V  
Address: 3607 SHAKESPEARE LANE  
City-St-Zip: NAPERVILLE, IL 60564

Title: DS ( ) Delete  
Name: VEZZA, ROBERT  
Address: 9051 GULF SHORE DR. UNIT 602  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: ROLLIN, RHEA  
Address: 4260 EAST 79TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: GALLOWAY, DAVID  
Address: 9051 GULF SHORE DRIVE #501  
City-St-Zip: NAPLES, FL 34108

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

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

Title: DS (X) Change ( ) Addition  
Name: VEZZA, ROBERT  
Address: 9051 GULF SHORE DRIVE #602  
City-St-Zip: NAPLES, FL 34108

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: PATTY L WILLIAMS, ACCOUNTANT

ACCT

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date