FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744977** **(0)**

1. Corporation Name

BEACHPLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1109 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	1109 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1978**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-1936363** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STALLINGS, DONALD H
1109 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City **FL**	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	LITVIN, JUDITH	1.2 NAME		
STREET ADDRESS	1055 GULF OF MEXICO DR. #402	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	FRANK, AL	2.2 NAME	FRANK, AL	
STREET ADDRESS	1065 GULF OF MEXICO DR. #104	2.3 STREET ADDRESS	1065 Gulf of Mexico Dr., #104	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, MELVIN	3.2 NAME		
STREET ADDRESS	1065 GULF OF MEXICO DR. #204	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SESSIONS, ROBERT	4.2 NAME	GASS, CHARLES	
STREET ADDRESS	1125 GULF OF MEXICO DR., #604	4.3 STREET ADDRESS	1105 Gulf of Mexico Dr., #204	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	SHUTTLEWORTH, JOSEPH	5.2 NAME		
STREET ADDRESS	1065 GULF OF MEXICO DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DENNEBAUM, PAUL	6.2 NAME	MILES, MARSHALL	
STREET ADDRESS	1065 GULF OF MEXICO DR, #603	6.3 STREET ADDRESS	1105 Gulf of Mexico Dr., #304	
CITY-ST-ZIP	LONGBOAT KEY FL	6.4 CITY-ST-ZIP	Longboat Key, FL 34228	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-24-95 813-383-4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judith Litvin, President

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