

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744977

(0)

1. Corporation Name

BEACHPLACE ASSOCIATION, INC.



Principal Place of Business

1109 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

1109 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
11/16/1978

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME LITVIN, JUDITH
STREET ADDRESS 1055 GULF OF MEXICO DR. #402
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE

NAME FRANK, AL
STREET ADDRESS 1085 GULF OF MEXICO DR. #104
CITY-ST-ZIP LONGBOAT KEY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LEVY, MELVIN
STREET ADDRESS 1085 GULF OF MEXICO DR. #204
CITY-ST-ZIP LONGBOAT KEY FL

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME GASS, CHARLES
STREET ADDRESS 1105 GULF OF MEXICO DR., #204
CITY-ST-ZIP LONGBOAT KEY FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME SHUTTLEWORTH, JOSEPH
STREET ADDRESS 1085 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME DENNEBAUM, PAUL
STREET ADDRESS 1085 GULF OF MEXICO DR. #603
CITY-ST-ZIP LONGBOAT KEY FL

6.1 TITLE VP D ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Judith Litvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Litvin, President 6-13-96

Date

941-383-4076

Daytime Phone #

CR2E037 (12/95)