

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744977**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1936363

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCFARLANE, ROBERT
1109 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> Delete
NAME	KESSLER, BEN	
STREET ADDRESS	1115 GULF OF MEXICO DR. #303	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVY, MELVIN	
STREET ADDRESS	1085 GULF OF MEXICO DR. #204	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, DAVID	
STREET ADDRESS	1075 GULF OF MEXICO DR #504	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNEBAUM, PAUL	
STREET ADDRESS	1085 GULF OF MEXICO DR. #603	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MAZZIOTTI, ANTHONY	
STREET ADDRESS	1105 GULF OF MEXICO DR. #101	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEELIN, JOHN	
STREET ADDRESS	1055 GULF OF MEXICO DRIVE 602	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90137 037 ****61.25

906964

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)