2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# 745243

Entity Name: BEACHCOMBER CONDOMINIUM OF MELBOURNE, INC.

Current Principal Place of Business:

4495 S. AIA HWY
SUITE # 202
MELBOURNE BEACH FL, FL 32951

New Principal Place of Business:

Current Mailing Address:

4495 SOUTH HIGHWAY A1A
202
MELBOURNE BEACH, FL 32951

New Mailing Address:

4495 S. AIA HWY
SUITE # 202
MELBOURNE BEACH FL, FL 32951

FEI Number: 59-2401678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DONOVAN, WILLIAM J PRESIDE
4495 S OUTH HIGHWAY A1A
202
MELBOURNE BEACH, FL 32951 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:	PRES	( ) Delete
Name:	DONOVAN, WILLIAM J MR	
Address:	4495 SOUTH HIGHWAY A1A	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	( ) Delete
Name:	VAUGHN, DEAN MR	
Address:	4495 S A1A HWY UNIT, #102	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	( ) Delete
Name:	SOMMERS, MARK MR	
Address:	4495 S AIA HWY UNIT, #301	
City-St-Zip:	MELBOURNE, FL 32951	
Title:	TRES	( ) Delete
Name:	MARSHALL, JOHN MR	
Address:	4495 S A1A HWY UNIT, #201	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	PRES	( ) Delete
Name:	DONOVAN, WILLIAM MR	
Address:	4495 S A1A HWY UNIT, #202	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	( ) Delete
Name:	MARSHALL, JOAN MS	
Address:	4495 SOUTH HIGHWAY A1A	
City-St-Zip:	MELBOURNE BEACH, FL 32951	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLIAM J. DONOVAN PRES 07/15/2009

Electronic Signature of Signing Officer or Director — Date