

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746622

FILED
Apr 23, 2009
Secretary of State

Entity Name: BEACH PARKWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT INC
PO BOX 100399
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 59-2034480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 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: VD () Delete
Name: WEILER, ALBERT
Address: 1741 BEACH PKWY, # 210
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Delete
Name: SMITH, HUBER
Address: 1741 BEACH PKWY # 108
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: PINNINGTON, JOHN
Address: 1741 BEACH PKW 208
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: GEIGER, JOHN
Address: 1729 BEACH PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: BROOKS, JOHN
Address: 1741 BEACH PKWY, # 111
City-St-Zip: CAPE CORAL, FL 33904

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:

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: JOHN BROOKS

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date