


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

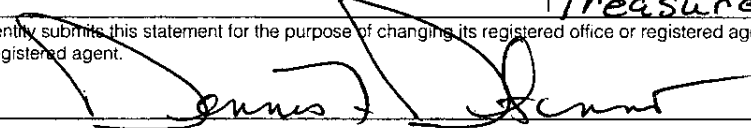
FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 013 ****70.00

DOCUMENT # 750004			
1. Entity Name BEACH PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13030 GULF BLVD. MADEIRA BEACH FL 33708 US		Mailing Address 10681 GULF BLVD #207 SAINT PETERSBURG FL 33706	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent DITINNO, DENNIS 10645 1ST ST E SAINT PETERSBURG FL 33706		7. Name and Address of New Registered Agent Name 10681 Gulf Blvd Street Address (P.O. Box Number is Not Acceptable) Suite 207 City Treasure Island FL Zip Code 33706	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 02/04/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLENSTEN, EMERICH 12901 GULF LANE, #510 MADEIRA BEACH FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bob Ackley 7 North Sunset Blvd. Gulf Breeze FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUINDON, RICHARD W339-N5341 RD O NASHOTAH WI 53058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOBIL, GERALD 118 W SOUTH BOUNDARY PERRYSBURG OH 43551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WELLS, GERI 12901 GULF LN #312 MADEIRA BCH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYCKIAM, SIMON 1005 SRISLEY ST NEW MARKET, ONTARIO, CANADA 13-4144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMBRUSTER, WILLIAM 3906 SALMON DR ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:  **02/04/04 727-360-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #