

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90053 041 ****61.25

DOCUMENT # 750004

1. Entity Name

BEACH PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**13030 GULF BLVD.
MADEIRA BEACH FL 33708
US**

Mailing Address

**C/O LIBERTY MANAGEMENT
10045 1ST ST E
TREASURE ISLAND FL 33706**

Address CHG

20017960



2. Principal Place of Business

3. Mailing Address

10681 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Treasure Island FL

4. FEI Number **59-2198855**

Applied For

Not Applicable

Zip

Country

Zip

Country

33706

Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DITINNO, DENNIS
10645 1ST ST E
SAINT PETERSBURG FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gerri Wells Treas.

1-20-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DS KLENSTEN, EMERICH**
STREET ADDRESS **12901 GULF LANE, #510**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **D** ☐ Change ☒ Addition
NAME **SIMON LYCKIAMA**
STREET ADDRESS **1005 Svisley St.**
CITY-ST-ZIP **NEW MARKET ONTARIO CANADA L3Y1Y4**

TITLE **DVP** ☐ Delete
NAME **P GUINDON, RICHARD**
STREET ADDRESS **W339-N5341 RD O**
CITY-ST-ZIP **NASHOTAH WI 53058**

TITLE **SD** ☐ Change ☒ Addition
NAME **BOB ACKLEY**
STREET ADDRESS **7 North SUNSET BLVD**
CITY-ST-ZIP **GULF Breeze, FL 32561**

TITLE **DP** ☐ Delete
NAME **P KOBIL, GERALD**
STREET ADDRESS **118 W SOUTH BOUNDARY**
CITY-ST-ZIP **PERRYSBURG OH 43551**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **T WELLS, GERI**
STREET ADDRESS **12901 GULF LN #312**
CITY-ST-ZIP **MADEIRA BCH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HAGAN, PETE**
STREET ADDRESS **12901 GULF LN #100**
CITY-ST-ZIP **MEDEIRA BCH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARMBRUSTER, WILLIAM**
STREET ADDRESS **3906 SALMON DR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ 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:

Gerri Wells **PRESIDENT 1/10/2003 727-360-2006**

CR2E037 (10/02)