


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 017 \*\*\*\*61.25

<b>DOCUMENT # 750950</b> 1. Entity Name <b>BEACH PARKWAY VILLA 1 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1621 BEACH PKWY CAPE CORAL, FL 33904 US</b>			Mailing Address <b>P O BOX 100831 CAPE CORAL, FL 33910 US</b>		
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 <b>59-2173884</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE C/O PROFESSIONALLY YOURS, INC 8270 COLLEGE PKWY, #103 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <u>George, Teague</u> Street <u>2517 Santa Barbara Blvd., #11</u> City <u>Cape Coral, FL 33914</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SMITH, GARY</b> <b>1621 BEACH PARKWAY., #202</b> <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Mike Boyd</b> <b>1627 Beach Pkwy. #207</b> <b>Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BRUDER, GEORGENE</b> <b>1627 BEACH PARKWAY, #206</b> <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Gail Baker</b> <b>1627 Beach Pkwy. #208</b> <b>Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BOYD, MIKE</b> <b>1627 BEACH PKWY, #207</b> <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Brad Schweitzer</b> <b>1621 Beach Pkwy. #101</b> <b>CC FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHWEITZER, BRAD</b> <b>1621 BEACH PKWY #101</b> <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Thomas Cuinotta</b> <b>7520 Duncrest Road</b> <b>Lakewood, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RANKIN, WILLIAM</b> <b>1688 E TIMBER MEADOW CT.</b> <b>FRANKTOWN, CO 80116</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>William Madenwald</b> <b>1621 Beach Pkwy. #103</b> <b>CC FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 file empowered.					
SIGNATURE: <u>Michael Boyd President</u>			Date <u>4-27-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					