## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2008 8:00 am Secretary of State **DOCUMENT #756812** 05-02-2008 90125 038 \*\*\*\*61.25 BEACHWALK CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 325 SO, BANANA RIVER BLVD. P O BOX 321576 COCOA BEACH FL, 32932-8576 P.O. BOX 321576 COCOA BEACH, FL 32932-8576 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2211443 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent osemak ROSEMARY ARAUJO Street Address (P.O. Box Number is Not Acceptable) COASTAL ASSN MGMT, INC osemar 3612 CROSSBOW DR. COCOA-BEACH, FL 32931 Barara Zip Code Cocoa Beach 32931 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. Kosemary SIGNATURE (NOTE: Registered Agent at Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DS Change . ☐ Addition TITLE Delete TITLE JOHNSON, PAMELA NAME NAME 325 S BAHAMA RIVER BLVD 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZV DS) D ☑ Change ☐ Addition Delete TITLE TITLE ARAUJO, ALBERTO NAME NAME STREET ADDRESS STREET ADDRESS 325 S BANANA RIVER, # 104 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE REARDON, FRANCIS NAME 325 S BANANA RIVER BLVD 606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CRTY-ST-ZIP ☐ Addition Change TTT.F TITLE ☐ Delete SKIDMORE, CHRISTINA NAME 325 S BANANA RIVER, #513 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COCOA BEACH, FL 32931 ☐ Delete TM F ☐ Change ☐ Addition TITLE SCHEUNEMANN, DIANE NAME 325 S BANANA RIVER BLVD 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP ☐ Change Addition TITLE DONNO Stevens NAME NAME 325 S. Banana River Blud, #603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P iocoa Beach

12. I hereby certify that the information supplied with this tiling does not quality 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 be the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 gither like empowered.

(RICHATIDE)

FILED