

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756812

FILED
Feb 04, 2009
Secretary of State

Entity Name: BEACHWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 SO. BANANA RIVER BLVD.
COCOA BEACH, FL 329328576

New Principal Place of Business:

Current Mailing Address:

P O BOX 321576
COCOA BEACH FL, 329328576

New Mailing Address:

P O BOX 321576
COCOA BEACH, FL 329328576

FEI Number: 59-2211443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEMARY ARAUJO
ROSEMARY ARAUJO, CAM
325 S BANANA RIVER BLVD #104
COCOA BEACH, FL 32931 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: DS () Delete
Name: JOHNSON, PAMELA
Address: 325 S BAHAMA RIVER BLVD 211
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: REARDON, FRANCIS
Address: 325 S BANANA RIVER BLVD 606
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: SKIDMORE, CHRISTINA
Address: 325 S BANANA RIVER, # 513
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: SCHEUNEMANN, DIANE
Address: 325 S BANANA RIVER BLVD 205
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: STEVENS, DONNA
Address: 325 S BANANA RIVER BLVD #603
City-St-Zip: COCOA BEACH, FL 32931

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: PAMELA JOHNSON

DS

02/04/2009

Electronic Signature of Signing Officer or Director

Date