FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.

					<u> </u>
Principal Place	of Business	Mailing Address		reserve casas duran sant ascis, time	T
3201 S OCEAN	N BLVD	3201 S OCEAN BLVD			
	ACH FL 33487-2571	HIGHLAND BEACH FL 3348	97-2571		
US		U\$		3. Date Incorporated or Qualified 08/31/1981	3a. Date of Last Report 04/28/1995
				i	04/28/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-2119235	Applied For
21		26		39 2119203	Not Applicable
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23 Oity & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	Yes 🔀 No
	9. Name and Address of Current	Registered Agent	201	10. Name and Address of New Ro	egistered Agent
A6: ##	DAMAD		81 Name	Victor P. Hadee	d
	, DONALD		82 Street A	Address (P.O. Box Number is Not Acceptable	e) unit KAO
	DCEAN BLVD. #703		83	31 S. Ocean Blu	d. unit 502
HIGHLAN	D BEACH FL 33487-7565		" HIO	Hland Beach F	Z
			84 City		FL 85 Zip Code 33481
11 Dureuant t	o the provisions of Sections 617 0502	and 617 1508. Florida Statutes	the above-named co	rporation submits this statement for the purp	nose of changing its registered office
or registere	ed agent, or both, in the State of Florid	 Such change was authorized. 	by the corporation's	board of directors. I hereby accept the appo	intment as registered agent. I am
	h, and accept the obligations of Section		P. Hadeed	Doordon't An	1 26 1996
SIGNATURE _	Signature, typed or printed name of registered agent a		Registered Agent signature re	opuired when reinstating)	1/ 26, 1996 DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	SD SOURCE PONDER	DELETE	1.1 TITLE	PD Victor P. Hadee	Change Addition
NAME	SCHULTZ, DONALD	•	1.2 NAME	Victor P. Hadeen 3201 S. Ocean	Blud.
STREET ADDRESS	3201 S OCEAN BLVD.		1.3 STREET ADDRESS	3201 3. 02641	2
CITY-ST-ZIP	HIGHLAND BEACH FL	DIOTETT	1.4 CITY-ST-ZIP	Highland Buh. F.	I Change IMI Addition
TITLE	LONG, CHARLES A.	DELETE	21 TITLE	SO'	L'acidinge Mydoriton
NAME	3201 S OCEAN BLVD #LPH-4		2.2 NAME	Dr. Leonard Ha	Divisi.
STREET ADDRESS	HIGHLAND BCH FL		2.3 STREFT ADDRESS	Dr. Leonard Ha 3201 S. Ocean Highland Beach	510 4
CITY-ST-ZIP TITLE	VD	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	HIGHIMAN DEACH	'hance Addition
NAME	PLISKOW, ETHEL		3.2 NAME		1
STREET ADDRESS	3301 S OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL		3.4. CITY-ST-ZIP		
TITLE	PD	DELETE	4.1 TITLE	TD	Change
NAME	MARLIS, SUDBAY		4. 2 NAME	 	• •
STREET ADDRESS	3201 SOUTH OCEAN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		4.4 CITY - ST - ZIP		
TITLÉ	TD	DELETE	5 1 TITLE		Change Addition
NAME	SORKIN, FRED		5.2 NAME		
STREET ADDRESS	3201 SOUTH OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL	<u> </u>	5.4 CITY-ST-ZIP		Chara Chillian
TITLE	SD LANDOUL LOUIS	DELETE	6.1 TITLE		Change Addition
NAME	IANDOLI, LOUIS 3201 S OCAEAN BLVD #504		6.2 NAME		
STREET ADDRESS	HIGHLAND BEACH FL		6.3 STREET ADDRESS		
CITY-ST-ZIP		ith this filing is valuntarily furnish	64 CITY-ST-ZIP	lify for the exemption stated in Section 119.	07(3)(k). Florida Statutes, I further
IME. IUU DERED	y certify triacting intoffication reopplied v	and the mining is solutionally fulfilled.	and acception does		(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(

I do hereby certify that the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.05(kg), non-lag statutes, including the certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ING OFFICER OR DIRECTOR

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