

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90006 002 \*\*\*\*61.25

**DOCUMENT # 758055**

1. Entity Name  
**BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
3201 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487-2566 US

Mailing Address  
3201 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487-2566 US

**20006692**



01212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2119235**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BECKER & POLIAKOFF, P.A.  
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR  
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCIORTINO, LORENZO 3201 S. OCEAN BLVD. HIGHLAND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, PATRICK 3201 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPMAN, KEN 3201 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIRTELL, EMILY 3201 SOUTH BEACH BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HADEED, VICTOR 3201 S. OCEAN BLVD. HIGHLAND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PATRICK H. James**