

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 043 ****61.25

40043010



DOCUMENT # 758901 1. Entity Name BEACH WALK ASSOCIATION, INC.					
Principal Place of Business BEACHWALK CONDO ASSOC. 1300 GULF BLVD. INDIAN ROCK BCH., FL 33785 US			Mailing Address 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2274435 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, MERLE 7038 WAX LEAF COURT PORT RICHEY, FL 34668			Name Larry S. Hyman Street Address (P.O. Box Number is Not Acceptable) 106 S. Tampa Ave., Ste. 200 City Tampa <div style="float: right;"> FL Zip Code 33609 </div>		
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 Mar. 24, 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD HARRIS, MERLE <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7038 WAX LEAF CT		NAME	Dale Pitts	
STREET ADDRESS	PORT RICHEY, FL 34668		STREET ADDRESS	12795 95th Ave. No.	
CITY-ST-ZIP			CITY-ST-ZIP	Maple Grove, MN 55369	
TITLE	TSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, DAVID		NAME		
STREET ADDRESS	2091 59TH ST N		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JILLICH, LISA		NAME		
STREET ADDRESS	602 POINSETTIA AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE	B P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYMAN, LARRY		NAME		
STREET ADDRESS	307 SOUTH BOULEVARD SUITE B		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLANSON, WIL		NAME		
STREET ADDRESS	215 A MEDALLION BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Mar. 24, 2007 727-536-4316 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					