
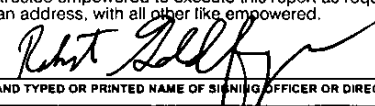


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90063 048 \*\*\*\*61.25

<b>DOCUMENT # 758901</b> 1. Entity Name <b>BEACH WALK ASSOCIATION, INC.</b>					
Principal Place of Business <b>BEACHWALK CONDO ASSOC. 1300 GULF BLVD. INDIAN ROCK BCH., FL 33785 US</b>			Mailing Address <b>300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US</b>		
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 <b>59-2274435</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HYMAN, LARRY S 106 S TAMPANIA AVE STE 200 TAMPA, FL 33609</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61:25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	ST Goldfinger, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDONALD, DAVID		NAME	1001 S. Braeburn Ave	
STREET ADDRESS	2091 59TH ST N		STREET ADDRESS	Tampa, FL 33629-5249	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JILLICH, LISA		NAME	Jillich, Lieselotte	
STREET ADDRESS	602 POINSETTIA AVE		STREET ADDRESS	602 Poinsettia Ave	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP	Clearwater Beach, FL 33767	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYMAN, LARRY		NAME	Hyman, Larry	
STREET ADDRESS	307 SOUTH BOULEVARD SUITE B		STREET ADDRESS	106 S. Tapania Ave, Suite 200	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	ALLANSON, WIL		NAME		
STREET ADDRESS	215 A MEDALLION BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PITTS, DAVE		NAME		
STREET ADDRESS	12795 95TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Evans, Patricia	
STREET ADDRESS			STREET ADDRESS	926 Mill Creek AV	
CITY-ST-ZIP			CITY-ST-ZIP	Canton, GA 30115	
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.					
<b>SIGNATURE:</b> 			4/8/08 254-0072		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		