

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758901

FILED
Jan 30, 2009
Secretary of State

Entity Name: BEACH WALK ASSOCIATION, INC.

Current Principal Place of Business:

BEACHWALK CONDO ASSOC.
1300 GULF BLVD.
INDIAN ROCK BCH., FL 33785 US

New Principal Place of Business:

Current Mailing Address:

300 S DUNCAN AVE
STE 220B
CLEARWATER, FL 33755 US

New Mailing Address:

901 N. HERCULES AVE
STE A
CLEARWATER, FL 33765 US

FEI Number: 59-2274435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, LARRY S
106 S TAMPANIA AVE STE 200
TAMPA, FL 33609 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: ST () Delete
Name: GOLDFINGER, ROBERT
Address: 1001 S BRAEBURN AVE
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: JILLICH, LIESELOTTE
Address: 602 POINETTIA AVE
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: P () Delete
Name: HYMAN, LARRY
Address: 106 S TAMPANIA AVE SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: PITTS, DAVE
Address: 12795 95TH AVE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: D () Delete
Name: EVANS, PATRICIA
Address: 926 MILL CREEK AVE
City-St-Zip: CANTON, GA 30115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GOLDFINGER, ROBERT
Address: 1001 S BRAEBURN AVE
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WHITE, DEBORAH
Address: 502 GEORGETOWN PLACE
City-St-Zip: SAFETY HARBOR, FL 34695

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: LARRY HYMAN

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date