

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759004 (5)

1. Corporation Name

BEACH CHATEAU CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1700 ATLANTIC STREET
MELBOURNE BEACH FL 32951

Mailing Address

1700 ATLANTIC STREET
MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified
06/30/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGINO, VINCENT M
1980 N ATLANTIC AVE
#904
COCOA BEACH FL 32931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, BARBARA	
STREET ADDRESS	1700 ATLANTIC ST. #11	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DURHAM, F. M.	
STREET ADDRESS	1700 S. ATLANTIC ST. #3	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, JAMES	
STREET ADDRESS	1700 S. ATLANTIC ST. #1	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

John Genoni
1700 Atlantic St #12
Melbourne Beach FL 32951

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

F.M. DURHAM
1700 Atlantic St. #3
Melbourne Beach, FL 32951

3.1 TITLE STD

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Robert J. Gentile
1700 Atlantic St. #6
Melbourne Beach, FL 32951

4.1 TITLE D

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

James Roberts
1700 Atlantic St. #1
Melbourne Beach, FL 32951

5.1 TITLE VD

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Dee Dacey Gessett
406 Ocean Avenue
Melbourne Beach, FL 32951

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Gentile

2/12/96

Date

407-962-8685

Day/Even Phone #

CR2E037 (12/95)