

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90149 007 ****61.25

0020550

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759004

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/30/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **1/0** **\$8.75** Additional
Fee Required

23 Zip Country

28 Zip Country

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

24 25

29 30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **COOPER, BARRY DR.**
STREET ADDRESS **1700 ATLANTIC DR. #4**
CITY-ST-ZIP **MELBOURNE BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TS** ☐ DELETE
NAME **DURHAM, JACKIE**
STREET ADDRESS **1700 ATLANTIC ST**
CITY-ST-ZIP **MELBOURNE BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **CLAFUN, PATRICIA**
STREET ADDRESS **1700 ATLANTIC ST**
CITY-ST-ZIP **MELBOURNE BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **ROBERTS, JAMES**
STREET ADDRESS **1700 ATLANTIC STREET**
CITY-ST-ZIP **MELBOURNE BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE
NAME **DACEY-GESSETT, DEE**
STREET ADDRESS **406 OCEAN AVENUE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **LINDA CARREIRO**
5.3 STREET ADDRESS **1700 ATLANTIC Street**
5.4 CITY-ST-ZIP **Melbourne Bch, FL 32951**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)