

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759004

1. Entity 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 32951-2359

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JAMES W. ROBERTS

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

1700 SOUTH ATLANTIC #1

City

MELBOURNE BEACH

FL

Zip Code

32951

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE SD ☐ Delete
NAME CLAFLIN, PATRICIA
STREET ADDRESS 1700 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BEACH FL

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

TITLE VPD ☐ Delete
NAME CARREIRO, LINDA
STREET ADDRESS 1700 ATLANTIC STREET
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP No Change

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED James W. Roberts 2-13-2000 724-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90022 025 ****70.00

C0019626



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required