## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: DANIEC

L DAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 02, 2004 8:00 am Secretary of State **DOCUMENT # 759004** 1. Entity Name 03-02-2004 90042 036 \*\*\*\*61.25 BEACH CHATEAU CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1700 ATLANTIC STREET MELBOURNE BEACH FL 32951 1700 ATLANTIC STREET MELBOURNE BEACH FL 32951 c10 office clo office 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAY\_DANIEL\_\_L ROBERTS, JAMES W 1700 S ATMANTIC #1 Street Address (P.O. Box Number is Not Acceptable) 1700 S. ATLANTIC ST MELBOURNE BEACH FL 32951 Zip Code MELBOURNE BEACH 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. I am familiar with, and accept the obligations of registered agent. Feb. 29, 2004 DANIEL SIGNATURE (NOTE: Registered Agent signature requ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete Addition CUTTER, BARRY DR. Joseph James JR. NAME 1700 ATLANTIC DR. #4 STREET ADDRESS STREET ADDRESS 12 GARDEN ROAD MELBOURNE BEACH FL SCITTUATE MA CITY-ST-ZIP CITY-ST-ZIP VD ☐ Change **X** Addition TITLE Delete TITLE DURHAM, JACKIE DIAN CROCE NAME MAME 1700 S ATLANTIC ST #3 C80015 X08 09 STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL CITY-ST-7IP CITY-ST-7(P melbourne Beach FL 32951 <u>CW</u> Change TITLE TITLE ☐ Delete Addition DANIEL-LDAY ---DAY, DANIEL ---NAME NAME 1700'S ATLANTIC STAS 1700 S ATLANTIC ST #5 STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL 32951 melbourne Beacef FL CITY-ST-ZIP CITY-ST-ZIP 32256 PD Addition TITLE TITLE 🔽 Delete ROBERTS, JAMES NAME NAME 1700 ATLANTIC STREET STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition BARDELL, JUDY JUDY BARDELL NAME NAME 1145 N SHANNAN AVE # 14 1893 CATO COURT STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED