

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 759004

1. Entity Name

BEACH CHATEAU CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O OFFICE
1700 ATLANTIC STREET
MELBOURNE BEACH FL 32951

Mailing Address

C/O OFFICE
1700 ATLANTIC STREET
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAY, DANIEL L
1700 S ATLANTIC ST.
#5
MELBOURNE BEACH FL 32951

Name

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

City

FL

Zip Code

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.

SIGNATURE

Daniel L. Day

Daniel L. Day

Treasurer

2-26-05

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, JOSEPH JR.	
STREET ADDRESS	12 GARDEN RD.	
CITY-ST-ZIP	SCITUATE MA 02066	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROCE, DIAN	
STREET ADDRESS	P.O. BOX 510082	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	DAY, DANIEL	
STREET ADDRESS	1700 S ATLANTIC ST #5	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARDELL, JUDY	
STREET ADDRESS	1893 CATO COURT	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000249125
03/02/05-80059-008 70.00

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:

Daniel L. Day *Daniel L. Day* *(Treasurer)*

DATE

2-26-05 *321-226-5999*

Daytime Phone #