

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 759004

1. Entity Name
BEACH CHATEAU CONDOMINIUM ASSOCIATION, INC.



06 AUG -1 AM 10:55

Space Coast Property Management
645 Classic Court Suite #104
Melbourne, FL 32940

Mailing Address
Space Coast Property Management
645 Classic Court Suite #104
Melbourne, FL 32940



06292006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROBERTS, JAMES 1700'S ATLANTIC ST. 1 MELBOURNE BEACH, FL 32951				Name Mark Jackson Street Address (P.O. Box Number is Not Acceptable) 645 Classic Court, Ste 104 City Melbourne FL Zip Code 32940			

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 *[Signature]* MARK JACKSON 6/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, JOSEPH JR. 12 GARDEN RD. SCITUATE, MA 02066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078465442 08/08/06--01023--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROCE, DIAN P.O. BOX 510082 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Croce, Dian PO Box 510082 Melbourne Beach, FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, MARY 1700 S ATLANTIC #4 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, ELSIE 1700 S ATLANTIC #1 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURHAM, JACKIE 1700 S ATLANTIC #3 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAYMES, CYNTHIA 12 GARDENER SCITUATE, MA 02066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dianne MacKinnon 1700 S Atlantic #1 Melbourne, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DIANE R CROCE 7-17-06 480-9096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #