


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 001 ****61.25

DOCUMENT # 759004 1. Entity Name BEACH CHATEAU CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent JACKSON, MARK 645 CLASSIC COURT, SUITE 104 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name AGENT, DANIEL/SCPM Street Address (P.O. Box Number is Not Acceptable) (SPACE COAST PROPERTY MNGT, INC.) 645 CLASSIC CT, SUITE 104 City MELBOURNE FL 32940 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATLAS, WINIFRED 220 SIXTH ST MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTTER, MARY 1700 ATLANTIC #4 MELBOURNE BEACH FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTTER, MARY 1700 S ATLANTIC #4 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMULLIN, JAMES 1700 ATLANTIC #2 MELBOURNE BEACH FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, ELSIE 1700 S ATLANTIC #1 MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCE, DIAN PO BOX 510082 MELBOURNE BEACH FL 32951 <input type="checkbox"/> Change <input checked="" 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAC KINNON, DIANNE 1700 S ATLANTIC #1 MELBOURNE, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Dianne S. Mac Kinnon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/4/2008</u> Daytime Phone # _____		

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