

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90054 013 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, JAMES W
1700 S ATLANTIC #1
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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

☒ Change ☐ Addition
TITLE **D**
NAME **DURHAM, JACKIE**
STREET ADDRESS **1700 S ATLANTIC ST #3**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **TM** ☐ Delete
NAME **DAY, DANIEL**
STREET ADDRESS **1700 S ATLANTIC ST #5**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

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

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

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

TITLE **S** ☐ Delete
NAME **BARDELL, JUDY**
STREET ADDRESS **1145 N SHANNAN AVE # 14**
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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

January 6, 2003

321 726 5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)