

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759272

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE BEACH COTTAGE CONDOMINIUM ASSOCIATION OF INDIAN SHORES, INC.

Current Principal Place of Business:

18400 GULF BLVD.
INDIAN SHORES, FL 34635

New Principal Place of Business:

7300 PARK ST
SEMINOLE, FL 33777

Current Mailing Address:

18400 GULF BLVD.
INDIAN SHORES, FL 34635

New Mailing Address:

FEI Number: 59-2284907 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEIER, WARREN
Address: 19130 GULF BLVD., 302
City-St-Zip: INDIAN SHORES, FL 33783

Title: SD () Delete
Name: CROWTHER, CHARLES
Address: 18400 GULF BOULEVARD #1206
City-St-Zip: INDIAN SHORES, FL 33785

Title: VPD () Delete
Name: ROBACK, SAM
Address: 23 FRIENDSHIP COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: PFLUG, BARBARA
Address: 523 S LAUREL AVE
City-St-Zip: W KEANSBURG, NJ 07734

Title: D () Delete
Name: CANNONE, MICHAEL
Address: 60 MILLWOOD PARKWAY, RR 2
City-St-Zip: WOODBRIDGE, CA CANADA

Title: D () Delete
Name: PARKER, ROBERT
Address: 4320 HIGHWOOD DRIVE
City-St-Zip: FORT WAYNE, IN 46815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN MEIER

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date