

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759503

FILED
Apr 29, 2007
Secretary of State

Entity Name: BEACH TRAIL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2300 BEACH TRAIL UNIT #6
INDIAN ROCKS, FL 34635

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES REALTY, INC.
2117 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-2563267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONDEAU, DAVID
TROPICAL ISLES REALTY, INC.
2117 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 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: D () Delete
Name: FENCEL, JAMI
Address: 8822 STILLWATERS LANDING
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: FERNANDEZ, FRANK
Address: 37024 TUCKER RD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: P () Delete
Name: SIMON, DONALD
Address: 4520 HICHET DRIVE
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: VOSS, DALE
Address: 2300 BEACH TRAIL #6
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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:

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: DONALD SIMON

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date