


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # 766595 1. Entity Name BEACHSIDER CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 312 GULF BLVD UNIT A INDIAN ROCKS BEACH FL 33785-2538 US | Mailing Address 312 GULF BLVD UNIT A INDIAN ROCKS BEACH FL 33785-2538 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2340833 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**ZACUR, RICHARD A
5200 CENTRAL AVE
C/O ZACUR & GRAHAM, PA
ST. PETERSBURG FL 33733**

7. Name and Address of New Registered Agent

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 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

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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT SCHOTT, WENDELL F 312 GULF BLVD UNIT A INDIAN ROCKS BEACH FL 33785-2571 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV ODDIS, ALVO M 706 FOXGLOVE PLACE BRANDON FL 33510 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS DANIELSON, PENNY 312 GULF BLVD, UNIT D INDIAN ROCKS BEACH FL 33785-2571 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| U00000403726 02/06/06-80018-017 61.25 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wendell F. Schott **JAN. 24, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if