

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90008 046 ****61.25

DOCUMENT # 767032

1. Entity Name

BEACH HOUSE RESORT CONDOMINIUM CORP.



Principal Place of Business

% GWEN S. BUNDY HOLLIDAY
1000 - GULF DR NORTH
BRADENTON BEACH FL 34217-3349

Mailing Address

% GWEN S. BUNDY HOLLIDAY
1000 - GULF DR NORTH
BRADENTON BEACH FL 34217-3349

44013733



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2779420

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

REID, GWEN S.
1000 GULF DR.
BRADENTON BEACH FL 33510

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
Due By May 1, 2004

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

TITLE PD
NAME HOLLIDAY-BUNDY, GWEN S.
STREET ADDRESS 1000 GULF DR NORTH
CITY-ST-ZIP BRADENTON BEACH FL ☐ Delete

TITLE VD
NAME BUNDY, BROOK
STREET ADDRESS 1000 GULF DR NORTH
CITY-ST-ZIP BRADENTON BEACH FL ☐ Delete

TITLE STD
NAME BUNDY, LISA
STREET ADDRESS 1000 GULF DR NORTH
CITY-ST-ZIP BRADENTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Gwen S. Reid GWEN S. REID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

941 778 1006

Daytime Phone #