

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767855

FILED
Mar 24, 2010
Secretary of State

Entity Name: BEACHCOMBER I CONDO ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD, STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD, STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2290044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: VPD
Name: LOVE, ROBERT
Address: 1301 1ST STREET SO. #206
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD
Name: WILCOXON, LESLIE
Address: 3506 SANCTUARY BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD
Name: RICHARDSON, LINDA
Address: 12995 HUNTLEY MANOR DRV.
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD
Name: MEYERS, DAVE
Address: 124 RETREAT PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: RILL, MATTHEW
Address: 3000 OCEAN DRIVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: LESLIE WILCOXON

PD

03/24/2010

Electronic Signature of Signing Officer or Director

Date