


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90019 024 ****61.25

DOCUMENT # 770816 1. Entity Name BEACH VIEW OF MANATEE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3704 6TH AVE 6 HOLMES BEACH, FL 34217			Mailing Address C/O HOLMES BCH PROP MANAGEMENT P.O. BOX 1607 HOLMES BEACH, FL 34218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDON, TOM 1007 83RD ST NW BRADENTON, FL 34209				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PAUL DITZEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOSTETLER, LYNN		NAME	4046 HEATHERWOOD	
STREET ADDRESS	5201 GULF DR.		STREET ADDRESS	COMMERCE TWP MI 48382	
CITY - ST - ZIP	HOLMES BEACH, FL 34217		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, CECYLIA		NAME		
STREET ADDRESS	3704 6TH AVE #5		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH, FL 34217		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERRHARDT, DEBERAH		NAME		
STREET ADDRESS	3704 6TH AVE #5		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON BEACH, FL 34217		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	M TOM CONDRON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	6406 MANATEE AVE W STE 9	
STREET ADDRESS			STREET ADDRESS	BRADENTON FL 34209	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Thomas E. Condon</u> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					