

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53206

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** THE BEACHCOMBER GROUP INC.

**Current Principal Place of Business:**

306 OUTRIGGER WAY  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

306 OUTRIGGER WAY  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 59-2532354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMS, ALYCE  
306 OUTRIGGER WAY  
SAINT AUGUSTINE, FL 32084 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: P  
Name: SIMS, ALYCE  
Address: 306 OUTRIGGER WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V  
Name: BROWNING, VIVIAN  
Address: 40 BEACHCOMBER WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: T  
Name: KOVALY, MARLENE  
Address: 8660 LITTLE SWIFT CREEK  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S  
Name: FARREN, ANNE  
Address: 340 PARADISE CIRCLE  
City-St-Zip: SATSUMA, FL 32189

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE J KOVALY

TREA

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date