2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000508

FILED Jan 23, 2009 Secretary of State

Entity Name: BEACH COLONY TOWER CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place (of Business:	New Principal Place of Business:		
	RDIDO KEY DRI DLA, FL 32507	VE	13599 PERDIDO KEY DRIVE TOWER UNIT 1D PENSACOLA, FL 32507		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX PENSACC	34027 DLA, FL 32507		13599 PERDIDO KEY DRIVE TOWER UNIT 1D PENSACOLA, FL 32507		
FEI Number:	59-3624200	FEI Number Applied For ()	FEI Number Not Applicable () Certificate	of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Regis	tered Agent:	
	CHO DR. DLA, FL 32507	US		.:	
	named entity st e of Florida.	iomits this statement for the pu	pose of changing its registered office or reg	listered agent, or both,	
SIGNATUF	⊋F·				
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JIONATOI		Signature of Registered Agen	Da	ate	
			DO ADDITIONS/CHANGES TO OFFICE		
OFFICER: Title: Name: Address:	Electronic	ORS: Delete OTTOM RD.		ERS AND DIRECTORS	
OFFICER: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic S AND DIRECT S () I TOBIN, LYNNE 10330 FOGGY B PENSACOLA, FL	ORS: Delete OTTOM RD. 32507 Delete	ADDITIONS/CHANGES TO OFFICE Title: () Change () Name: Address:	ERS AND DIRECTORS Addition	
	Electronic S AND DIRECT S () I TOBIN, LYNNE 10330 FOGGY B PENSACOLA, FL T () I SULLIVAN, PATT 110 WINDSONG RIDGELAND, MS	ORS: Delete OTTOM RD. 32507 Delete COVE 39157 Delete KEY DR, # 13-B	ADDITIONS/CHANGES TO OFFICE Title: () Change () Name: Address: City-St-Zip: Title: () Change () Name: Address:	ERS AND DIRECTORS Addition Addition	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic S AND DIRECT S () I TOBIN, LYNNE 10330 FOGGY B PENSACOLA, FL T () I SULLIVAN, PATT 110 WINDSONG RIDGELAND, MS VP () I HEINIKE, LARRY 13599 PERDIDO PENSACOLA, FL	ORS: Delete OTTOM RD. 32507 Delete I COVE 39157 Delete KEY DR, # 13-B 32507	ADDITIONS/CHANGES TO OFFICE Title: () Change () Name: Address: City-St-Zip: Title: () Change () Name: Address: City-St-Zip: Title: () Change () Name: Address: Address:	ERS AND DIRECTORS Addition Addition Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN HURSTELL P 01/23/2009