


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 041 ****61.25

DOCUMENT # N00531 1. Entity Name PARK BEACH CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1477 PARK BEACH CIRCLE PUNTA GORDA, FL 33950	Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



03052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2796082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENE, JOAN F 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNRIEN, SHIRLEY 1477 PARK BEACH CIRCLE PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORROW, EVELYN 1477 PARK BEACH CIRCLE PUNTA GORDA, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOURNIER, DIANE 188 THATCHER ST ATTLEBORO, MA 027034920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: DIANE R FOURNIER **DIANE R FOURNIER** 3-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #