

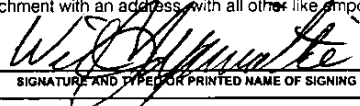


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90062 016 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N01000000499</b><br>1. Entity Name<br><b>BEAU CIEL CONDOMINIUM ASSOCIATION, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>990 BOULEVARD ARTS<br/>SARASOTA, FL 34236</b>   |   |  | Mailing Address<br><b>C/O BETH CALLAS MANAGEMENT<br/>595 BAY ISLES RD. STE. 201<br/>LONGBOAT KEY, FL 34228</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |    |  |
| City & State<br><br>Zip      Country  |   | City & State<br><br>Zip      Country   |  | 4. FEI Number<br><b>65-1070554</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BETH CALLANS MANAGEMENT<br/>595 BAY ISLES RD., STE.200<br/>LONGBOAT KEY, FL 34228</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  | Make check payable to<br><b>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>GARLEN, CLARK<br>990 BLVD OF THE ARTS #602<br>SARASOTA, FL 34236        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | YPD<br>Jeff Lawenda<br>990 Blvd of the Arts #904C<br>Sarasota, FL 34236  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SOSSO, R<br>990 BLVD OF THE ARTS #503<br>SARASOTA, FL 34236             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Linda Page<br>990 Blvd of the Arts #504C<br>Sarasota, FL 34236   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MEI-ELLOIT, BARBARA<br>990 BLVD OF THE ARTS #1203<br>SARASOTA, FL 34236 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Diana Cloud<br>990-Blvd of the Arts #1403E<br>Sarasota, FL 34236  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BAKER, DON<br>990 BLVD OF THE ARTS 402<br>SARASOTA, FL 34236             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Ralph Graves<br>990 Blvd of the Arts #1501A<br>Sarasota, FL 34236   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MARRIOT, WILLIAM<br>990 BLVD OF THE ARTS # 703<br>SARASOTA, FL 34236    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD/SD<br>William Mariotti  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |  |  |  |  |
| <b>SIGNATURE:</b>    |   |  | 01-18-08   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <small>Date</small>  |  |  |
| <small>Daytime Phone #</small>  |   |  | <small>Daytime Phone #</small>   |  |  |