

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2009
Secretary of State

DOCUMENT# N01000000499

Entity Name: BEAU CIEL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**990 BOULEVARD ARTS
SARASOTA, FL 34236**New Principal Place of Business:****Current Mailing Address:**C/O BETH CALLAS MANAGEMENT
595 BAY ISLES RD. STE. 201
LONGBOAT KEY, FL 34228**New Mailing Address:****FEI Number:** 65-1070554**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 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: DVP () Delete
Name: TOWNSEND, BILL
Address: 990 BLVD OF THE ARTS # 803
City-St-Zip: SARASOTA, FL 34236

Title: DP () Delete
Name: PAGE, LINDA
Address: 990 BLVD OF THE ARTS # 504
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: CLOUD, DIANA
Address: 990 BLVD OF THE ARTS # 1403
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: GRAVES, RALPH
Address: 990 BLVD OF THE ARTS # 1501
City-St-Zip: SARASOTA, FL 34236

Title: DTS () Delete
Name: MARIOTTI, WILLIAM
Address: 990 BLVD OF THE ARTS # 703
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: THOMKINS, CONNIE
Address: 990 BLVD OF THE ARTS # 1004
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MARIOTTI, WILLIAM
Address: 990 BLVD OF THE ARTS # 703
City-St-Zip: SARASOTA, FL 34236

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: WILLIAM MARIOTTI

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06/04/2009

Electronic Signature of Signing Officer or Director

Date