


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 039 \*\*\*\*61.25

<b>DOCUMENT # N03000007203</b> 1. Entity Name <b>BEACH BAY VILLAS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O 331 CAPE CORAL PKWY WEST, UNIT C CAPE CORAL, FL 33914</b>		Mailing Address <b>C/O 331 CAPE CORAL PKWY WEST, UNIT C CAPE CORAL, FL 33914</b>	
2. Principal Place of Business <b>C/O American Condo Hgnt</b> Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W #103</b> City & State <b>Cape Coral, FL</b> Zip <b>33914</b>		3. Mailing Address <b>C/O American Condo Hgnt</b> Suite, Apt. #, etc. <b>P.O. Box 100399</b> City & State <b>Cape Coral, FL</b> Zip <b>33910</b>	
4. FEI Number <b>20-0712297</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PETERSON, ROBERT V</b> <b>331 CAPE CORAL PKWY W</b> <b>STE C</b> <b>CAPE CORAL, FL 33914</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Susan Kase</b> Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W #103</b> City <b>FL 33914</b>	
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 <u><i>Susan Kase</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Susan Kase</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHUTT, ROGER L 4235 SE 20 PL UNIT C-503 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVID Brock 1640 Beach Pkwy #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT PETERSON, KATHLEEN M 5108 SW 12 PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SUSAN HAYES 1640 Beach Pkwy #201 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PETERSON, ROBERT V 5108 SW 12 PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHERRY KAY 1640 Beach Pkwy #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.			
SIGNATURE: <u><i>Kuriah Brock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/27/06</i></u> <small>Date</small>	
Daytime Phone #		Daytime Phone #	