

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90017 008 ****61.25

DOCUMENT # N03000007203 1. Entity Name BEACH BAY VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2930 DEL PRADO BLVD S SUITE B CAPE CORAL, FL 33904		Mailing Address 2930 DEL PRADO BLVD S SUITE B CAPE CORAL, FL 33904	
2. Principal Place of Business - No P.O. Box # 1319 MIRAMAR STREET		3. Mailing Address Suite, Apt. #, etc. # 101	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33904		Country USA	
4. FEI Number 20-0712297		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SORENSEN, CATHY J SORENSEN REALTY, INC. 2930 DEL PRADO BLVD, S SUITE B CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name PAOLA ZUNINO C/O GPM INC Street Address (P.O. Box Number is Not Acceptable) 1319 MIRAMAR ST # 101 City CAPE CORAL FL Zip Code 33904	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/18/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENA, ANTHONY 2101 MT READ BLVD ROCHESTER, NY 14615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID BROCK 1640 BEACH PARKWAY #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGAN, DIANA 1640 BEACH PKWY #101 CAPE CORAL, FL 33904 <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	STD JAMES, OBRENSKI W190S7402 BAYSHORE DRIVE MUSKEGO, WI 53150 <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	D HAYES, SUSAN 1640 BEACH PKWY #201 CAPE CORAL, FL 33904 <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	D KAY, SHERRY 1640 BEACH PKWY #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3-26-08 <small>Daytime Phone #</small>	