

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011371

FILED
Apr 14, 2008
Secretary of State

Entity Name: THE BEALS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5225 RIVERWOOD AVENUE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

5225 RIVERWOOD AVENUE
SARASOTA, FL 34231

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGLICH, RICHARD C
5225 RIVERWOOD AVENUE
SARASOTA, FL 34231 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: D () Delete
Name: GINGERICH, EDNA
Address: POST OFFICE BOX 20196
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: MAGLICH, RICHARD C
Address: 5225 RIVERWOOD AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: SHAW, VICTORIA H
Address: 3717 DOWNER AVENUE
City-St-Zip: SASASOTA, FL 32792

Title: D () Delete
Name: BAUGHER, BRITTANY
Address: 1052 PRINCESS GATE BLVD.
City-St-Zip: WINTER PAR, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RICHARD C MAGLICH

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date