

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04277

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** THE BEACHCOMBER II OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

411 1ST ST S  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

411 1ST ST S  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 20-2049919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, THOMAS  
411 FIRST ST., SOUTH  
SUITE 204  
JACKSONVILLE BEACH, FL 32250 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: PTD ( ) Delete  
Name: SMITH, THOMAS TREAS  
Address: 411 FIRST ST. S, UNIT 204  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: D ( ) Delete  
Name: SMITH, THELMA PRES  
Address: 411 1ST ST S, UNIT 203  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: OERTLI, ED SECT  
Address: 411 1SR ST S, UNIT 302  
City-St-Zip: JACKSONVILLE BCH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SMITH, NANCY PRES  
Address: 411 1ST ST S, UNIT 204  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

03/02/2006

\_\_\_\_\_  
Date