2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04384

FILED Apr 27, 2009 Secretary of State

Entity Name: BEACHCOURT SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
275-D SOUTH 4 ST. COCOA BEACH, FL 32931			275 SOUTH 4 ST.		
			D COCOA BEACH, FL 3	COCOA BEACH, FL 32931	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
275-D SOUTH 4 ST. COCOA BEACH, FL 32931			275 SOUTH 4 ST.		
COCOA BE	EACH, FL 329	31	D COCOA BEACH, FL 3	32931	
FEI Number:	59-2483285	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
GIOVINO, TONI 275-D SOUTH 4 ST. COCOA BEACH, FL 32931 US			GIOVINO, TONI 275 SOUTH 4 ST.		
			D COCOA BEACH, FL 3	22021 119	
in the State		·	ourpose of changing its registered	d office or registered agent, or both, 04/27/2009	
		ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	AND DIREC	TORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete ST	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS:	
Name: Address:	PD () FULLER, RAY 275C SOUTH 4 COCOA BEACH	Delete ST I, FL Delete A ST	Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	PD () FULLER, RAY 275C SOUTH 4 COCOA BEACH TD (X) ADAMS, CHARL 275B SOUTH 4 COCOA BEACH	Delete ST , FL Delete A ST , FL 32931 Delete TH ST	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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: TONI GIOVINO TVD 04/27/2009