

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002431

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** BEACH LANDINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ROSSMAN PROPERTY MANAGEMENT  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

**Current Mailing Address:**

C/O ROSSMAN PROPERTY MANAGEMENT  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904

**New Mailing Address:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

**FEI Number:** 59-1501728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASE, SUSAN M  
C/O AMERICAN CONDOMINIUM MANAGEMENT  
615 CAPE CORAL PARKWAY, W. #103  
CAPE CORAL, FL 33914 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: PD  
Name: POWELL, MARJORIE  
Address: 1708 BEACH PARKWAY #202  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: CHISHOLM, DAN  
Address: 390 GOODRICH ST  
City-St-Zip: LUNENBERG, MA 01462

Title: ST  
Name: DANKERT, WILLIAM  
Address: 7606 S. YOUNG ROAD  
City-St-Zip: LA PORTE, IN 46350

I hereby 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 all other like empowered.

**SIGNATURE:** MARJORIE POWELL

P

04/28/2010

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

\_\_\_\_\_  
Date