

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000004618					
1. Entity Name BEACH CLUB 160 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 630 ISLAND CLUB DR INDIANLANTIC, FL 32903			Mailing Address C/O DEPENDABLE PROPERTY MANAGEMENT, INC. 1300 PINE TREE DR STE 9 INDIAN HARBOR BEACH, FL 32937		
2. Principal Place of Business - No P O Box #			3. Mailing Address 645 CLASSIC CT		
Suite, Apt. #, etc.			Suite, Apt. #, etc. STE 104		
City & State			City & State Melbourne, FL		
Zip		Country		Zip 32940	
Country USA		4. FEI Number 20-3470802			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEPENDABLE PROPERTY MANAGEMENT, LLC 1300 PINE TREE DR STE 9 SATELLITE BEACH, FL 32937-5044			7. Name and Address of New Registered Agent Name: SCPPM - Space Coast Property Mgmt. Street Address (P.O. Box Number is Not Acceptable): 645 CLASSIC CT, STE 104 City: Melbourne FL Zip Code: 32940		
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:				DATE: 9/30/08	
(NOTE: Registered Agent signature required when reinstating)				DATE	
Amended AR is \$61.25		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 SHOCKEY, ROBIN	STREET ADDRESS 1951 ISLAND CLUB DR #47	CITY-ST-ZIP INDIANLANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE VPD	STREET ADDRESS 650 ISLAND CLUB DR STE 138	CITY-ST-ZIP INDIANLANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE MOLLISH, CHRISTOPHER	STREET ADDRESS 223 JAMES ST	CITY-ST-ZIP FRANKLIN SQUARE, NY 11010	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE P	STREET ADDRESS 1850 CHARLESMONT DR #114	CITY-ST-ZIP INDIANLANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE D	STREET ADDRESS 1999 ISLAND CLUB DR #19	CITY-ST-ZIP INDIANLANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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:				DATE: 9/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

FILED
08 OCT 30 PM 3:11
CLERK OF STATE
TALLAHASSEE, FLORIDA



09302008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3470802 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: SCPPM - Space Coast Property Mgmt.
 Street Address (P.O. Box Number is Not Acceptable): 645 CLASSIC CT, STE 104
 City: Melbourne FL Zip Code: 32940

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE