2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004618

FILED Apr 28, 2009 Secretary of State

Entity Name: BEACH CLUB 160 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 630 ISLAND CLUB DR 630 ISLAND CLUB DR INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 US **Current Mailing Address: New Mailing Address:** 645 CLASSIC CT 645 CLASSIC CT **STE 104** STE 104 MELBOURNE, FL 32940 MELBOURNE, FL 32940 US FEI Number: 20-3470802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPACE COAST PROPERTY MANAGEMENT OF BREVARD 645 CLASSIC CT. **STE 104** MELBOURNE, FL 32940 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition HIMMER, MARY ANN HIMMER, MARY ANN Name: Name: 650 ISLAND CLUB DR STE 138 Address: 650 ISLAND CLUB DR STE 138 Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 US Title: DS Title: (X) Change () Addition () Delete MOLLISH, CHRISTOPHER Name: MOLLISH, CHRISTOPHER Name: Address: 223 JAMES ST Address: 223 JAMES ST FRANKLIN SQUARE, NY 11010 US City-St-Zip: FRANKLIN SQUARE, NY 11010 City-St-Zip: Title: () Delete Title: (X) Change () Addition GARNER, JONATHAN NORCISO, JOSEPH Name: Name: 1850 CHARLESMONT DR #114 Address: Address: 1801 ISLAND CLUB DR. #82 City-St-Zip: INDIANLANTIC, FL 32903 City-St-Zip: INDIANLANTIC, FL 32903 US Title: () Delete Title: () Change (X) Addition Name: Name: HALLIWELL, WILLIAM 1999 ISLAND CLUB DR. #19 Address: Address: City-St-Zip: City-St-Zip: INDIALANTIC, FL 32903 US Title: () Delete Title: () Change (X) Addition SERENA, JOSEPH Name: Name: 5785 SE 166 CT. Address: Address: OKLAWAHA, FL 32179 US City-St-Zip: 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: CHRISTOPHER MOLLISH P 04/28/2009