

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011288

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE BEACH RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1300 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1300 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-3936403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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 () Delete
Name: GAGNE, ROBERT
Address: 1300 BEN FRANKLIN DRIVE, UNIT 601
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: BUNDRANT, SCOTT
Address: 1300 BEN FRANKLIN DRIVE, UNIT 1103
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: WESTENDORF, NEAL
Address: 1300 BEN FRANKLIN DRIVE, UNIT 604
City-St-Zip: SARASOTA, FL 34236

Title: VST () Delete
Name: HUNTER, ROBERT
Address: 1300 BEN FRANKLIN DRIVE, UNIT 705
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: PRICE, CLINTON SR
Address: 1300 BEN FRANKLIN DRIVE, UNIT 802
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ERICKSON, GARY
Address: 1300 BEN FRANKLIN DRIVE, UNIT 608
City-St-Zip: SARASOTA, FL 34236

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

Title: V (X) Change () Addition
Name: ESTES, PATTY
Address: 1300 BEN FRANKLIN DRIVE, UNIT 305
City-St-Zip: SARASOTA, FL 34236

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

Title: AS (X) Change () Addition
Name: HAYS, JOHN
Address: 1300 BEN FRANKLIN DRIVE, UNIT 702
City-St-Zip: SARASOTA, FL 34236

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: GARY ERICKSON

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date