

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008857

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** BEACHWALKERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

607 W HORATIO STREET  
TAMPA, FL 33606

**New Principal Place of Business:**

2524 W. MARYLAND AVE.  
TAMPA, FL 33629

**Current Mailing Address:**

607 W HORATIO STREET  
TAMPA, FL 33606

**New Mailing Address:**

2524 W. MARYLAND AVE.  
TAMPA, FL 33629

**FEI Number:** 56-2631233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIVENS, STANN W  
607 W HORATIO STREET  
TAMPA, FL 33606 US

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

GIVENS, STANN W  
2524 W. MARYLAND AVE.  
TAMPA, FL 33629 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:**

01/10/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GIVENS, STANN W  
**Address:** 2524 W. MARYLAND AVE.  
**City-St-Zip:** TAMPA, FL 33629

**Title:** STD  
**Name:** GIVENS, BONNIE M  
**Address:** 2524 W. MARYLAND AVE.  
**City-St-Zip:** TAMPA, FL 33629

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:** STANN W. GIVENS

PRES

01/10/2010

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

\_\_\_\_\_  
Date