

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002987

FILED
Feb 05, 2009
Secretary of State

Entity Name: BEACHLINE PROPERTIES ASSOCIATION, INC.

Current Principal Place of Business:

590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955

Current Mailing Address:

590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

New Mailing Address:

590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955 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:

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: BROCKHOUSE, KEITH
Address: 590 SOLUTIONS WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BEACH, SCOTT
Address: 4340 WOODHAVEN DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: SELIG, W. MICHAEL
Address: 200 WILLARD STEET
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: BROCKHOUSE, KEITH
Address: 590 SOLUTIONS WAY, SUITE 100
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: () Change () Addition
Name:
Address:
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: KEITH S. BROCKHOUSE

DPTS

02/05/2009

Electronic Signature of Signing Officer or Director

Date