

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90190 007 ****61.25

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04222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N07087					
1. Entity Name BEACH VILLAS CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 7092 PLACIDA RD CAPE HAZE, FL 33946 US			Mailing Address 7092 PLACIDA RD CAPE HAZE, FL 33946 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2574888	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, KEN 7092 PLACIDA RD. CAPE HAZE, FL 33946			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, R. PATRICK		NAME		
STREET ADDRESS	18928 MARQUETTE PL		STREET ADDRESS		
CITY - ST - ZIP	LUTZ, FL 33549		CITY - ST - ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, LARRY		NAME	Treasurer, Robert	
STREET ADDRESS	111 STONEHEDGE DRIVE, N.W		STREET ADDRESS	4 Lucky Court	
CITY - ST - ZIP	CEDAR RAPIDS, IA 52405		CITY - ST - ZIP	Voorhees, NJ 08043	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, RICHARD		NAME		
STREET ADDRESS	5 PAMRAPO CT. E.		STREET ADDRESS		
CITY - ST - ZIP	GLENROCK, NJ 07452		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASSETT, JACK		NAME		
STREET ADDRESS	2016 MEADOW GLENN		STREET ADDRESS		
CITY - ST - ZIP	WYOMISSING, PA 19610		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZUBRIN, INEZ		NAME	Director Hamann, Dave	
STREET ADDRESS	436 COLUMBIA BLVD		STREET ADDRESS	12707 Pheasant Run	
CITY - ST - ZIP	CHERRY HILL, NJ 08002		CITY - ST - ZIP	Burnsville, MN 55337	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FINK, RICHARD		NAME	Director Foster, Julian	
STREET ADDRESS	7301 GLENEAGLE CIRCLE		STREET ADDRESS	3123 48th Avenue	
CITY - ST - ZIP	CRYSTAL LAKE, IL 60014		CITY - ST - ZIP	East Bradenton, FL 34203-3976	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Imuthy Himmans</i>			4/25/05 941-697-6996		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		