



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 035 ****61.25

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40072140 	
City & State		City & State		4. FEI Number 59-2574888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, KEN CRAIG REMOUR 7092 PLACIDA RD. CAPE HAZE, FL 33946				7. Name and Address of New Registered Agent Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD. City CAPE HAZE, FL Zip Code 33946	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%;"> DATE _____ </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D HILL, R. PATRICK 18928 MARQUETTE PL LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kent, Terry P.O. Box 3277 Placida, FL 33946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZUBRUIN, ROBERT 4 LUCKY COURT VOORHEES, NJ 08043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gassert, Jack 2016 Meadow Glenn Wyomissing, PA 19610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASSETT, JACK 2016 MEADOW GLENN WYOMISSING, PA 19610	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Athanasios, Dean 1163 Lanier Blvd. Atlanta, GA 30306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMANN, DAVE 12707 PHEASANT RUN BURNSVILLE, MN 55337	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Woodworth, Polly P.O. Box 2035 East Dennis, MA 02641	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JULIAN 31234 8TH AVE EAST BRADENTON, FL 342033976	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nuckols, Robert 1040 Matecumbe Key Road Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fink, Richard 337 West Main Street, Suite 200 Barrington, IL 60010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ CRAIG A. REMOUR 4-19-06 941-697-1970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					