

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90249 006 \*\*\*\*61.25

**DOCUMENT # N08247**

1. Entity Name  
**BEACH COLONY CLUB, INC.**



Principal Place of Business  
**7400 MONACO**  
**MIAMI, FL 33143 US**

Mailing Address  
**7400 MONACO**  
**MIAMI, FL 33143 US**

**40000271**



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2756172**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORBITT, RONALD E JR**  
**7400 MONACO STREET**  
**CORAL GABLES, FL 33143**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE ☒ Delete  
NAME ~~YANNO, ROBERT J~~  
STREET ADDRESS ~~4220 UNIVERSITY DR.~~  
CITY-ST-ZIP ~~MIAMI, FL 33146~~

TITLE ☐ Delete  
NAME CORBITT, RONALD E  
STREET ADDRESS 7400 MONACO STREET  
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE ☒ Delete  
NAME ~~GALLAGHER, ROBERT~~  
STREET ADDRESS ~~4820 SANTA MARIA STREET~~  
CITY-ST-ZIP ~~MIAMI, FL 33146~~

TITLE ☐ Delete  
NAME BEROUNSKY, EDWARD  
STREET ADDRESS 6211 PARADISE POINT DR  
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE ☐ Delete  
NAME TROMBINO, ROGER  
STREET ADDRESS 14501 SW 79 AVE  
CITY-ST-ZIP MIAMI, FL 33158

TITLE ☒ Delete  
NAME ~~CHAPMAN, RO~~  
STREET ADDRESS ~~6407 SUNSET DR~~  
CITY-ST-ZIP ~~MIAMI, FL 33143~~

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☒ Addition  
NAME Willard Wheeler  
STREET ADDRESS 10800 Old Cutler Road  
CITY-ST-ZIP Coral Gables, Fla 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/D Blackwell Stieglitz  
STREET ADDRESS 8820 Schoolhouse Rd  
CITY-ST-ZIP Coral Gables, Fla 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Dan Bell  
STREET ADDRESS 100 Casuarina Concourse  
CITY-ST-ZIP Coral Gables, Fla 33143

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-661-7226  
JAN 4, 2007