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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12225 (1)

1. Corporation Name

BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ISLAND FINANCIAL SERVICES P.O. BOX 194 SANIBEL FL 33957	C/O ISLAND FINANCIAL SERVICES P.O. BOX 194 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2674859 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GELBERG, ANDREW L.
2440 PALM RIDGE ROAD
PELICAN PLACE
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BOSCOV, JOSEPH	1.2 NAME	Fredericks, John	
STREET ADDRESS	9745020 OLEY TPKE	1.3 STREET ADDRESS	382 Osprey Lane	
CITY-ST-ZIP	READING PA	1.4 CITY-ST-ZIP	Mantoloking, NJ	
TITLE	AT	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	FREDERICKS, JOHN	2.2 NAME	Baker, James	
STREET ADDRESS	382 OSPREY LANE	2.3 STREET ADDRESS	635 E Gulf Dr	
CITY-ST-ZIP	MANTOLOKING NJ	2.4 CITY-ST-ZIP	Sanibel, FL	
TITLE	TD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	SCOTT, B GARY	3.2 NAME	Scott - Same	
STREET ADDRESS	3601 CENTERVILLE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	AT	☐ Change ☑ Addition
NAME	BOSCOV, JOSEPH	4.2 NAME	GELBERG, Andrew L	
STREET ADDRESS	417 S. FAIRFAX ST.	4.3 STREET ADDRESS	2440 Palm Ridge Rd	
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP	Pelican Place Sanibel, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew L Gelberg — Date 2/23 — Daytime Phone # 813-472-1439

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