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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: DAVID A OWENS
82 Street Address (P.O. Box Number is Not Acceptable): 2440 PALM RIDGE ROAD
83
84 City: SANIBEL FL 85 Zip Code: 33957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DAVID A OWENS 3/1/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOSCOV, JOSEPH 9745020 OLEY TPKE READING PA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D PRESIDENT - DIRECTOR CHARLES YOUNG POBox 91 - N/A MENTOR OH 44061	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREDERICKS, JOHN 382 OSPREY LANE MANTOLOKING NJ	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D VP-DIRECTOR JEAN MARC PORTIN 1644 CANADA INC LORRAINE QUE CANADA J6Z-3Z6	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCOTT, B GARY 3601 CENTERVILLE RD WILMINGTON DE	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D TREASURER - DIRECTOR JOE THOMAS 2692 WADSWORTH ROAD SHAKER HTS OH 44122	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOSCOV, JOSEPH 417 S. FAIRFAX ST. ALEXANDRIA VA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	AT- DAVE OWENS 2440 PALM RIDGE ROAD SANIBEL FL 33957	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAKER, JAMES 635 E GULF DR SANIBEL FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001771813 -04/08/96--01022--028 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GELBERG, ANDREW L. 2440 PALM RIDGE RD PELICAN PLACE SANIBEL FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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] DAVID A OWENS 3/1/96 941-472-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-6-96 pm