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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

OWENS, DAVID A
2440 PALM RIDGE ROAD
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 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 _____ 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	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME	YOUNG, CHARLES		1.2 NAME	RAY JEROON	
STREET ADDRESS	P.O. BOX 81 N/A		1.3 STREET ADDRESS	56 WALKER ST	
CITY-ST-ZIP	MENTOR OH 44061		1.4 CITY-ST-ZIP	OAKVILLE ONTARIO L6K 1A3	
TITLE	VPD	☒ DELETE	2.1 TITLE	SECRETARY / DIRECTOR	☐ Change ☒ Addition
NAME	PORTIN, JEAN MARC		2.2 NAME	DICK GRANT	
STREET ADDRESS	1644 CANADA INC		2.3 STREET ADDRESS	635 E GULF DR	
CITY-ST-ZIP	CORRAINE QUE CANADA J6Z-37-6		2.4 CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER / DIRECTOR	☐ Change ☒ Addition
NAME	THOMAS, JOE		3.2 NAME	JOE GUIFFRE	
STREET ADDRESS	2692 WADSWORTH ROAD		3.3 STREET ADDRESS	PO BOX 7470	
CITY-ST-ZIP	SHAKES HTS OH 44122		3.4 CITY-ST-ZIP	ALEXANDRIA VA 22307	
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, DAVE		4.2 NAME		
STREET ADDRESS	2440 PALM RIDGE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: DAVID A OWENS 4/12/98 941-472-1138