

FILE NOW: FILING FEE IS \$61.25

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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90033 041 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12225

Corporation Name
BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O ISLAND FINANCIAL SERVICES P.O. BOX 194 SANIBEL FL 33957	Mailing Address C/O ISLAND FINANCIAL SERVICES P.O. BOX 194 SANIBEL FL 33957
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/25/1985 4. FEI Number 59-2674859 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.05(2) 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

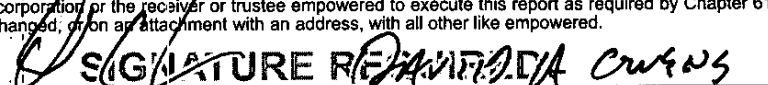
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JERDON, RAY	1.2 NAME	
STREET ADDRESS	56 WALKER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE ON L6K 1	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, DICK	2.2 NAME	
STREET ADDRESS	635 E GULF DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GUIFFRE, JOE	3.2 NAME	
STREET ADDRESS	P O BOX 7470	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22307	3.4 CITY-ST-ZIP	
TITLE	AT	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		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 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, with all other like empowered.

SIGNATURE:  **DAVID A. OWENS** 1/17/99 941-482-439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)