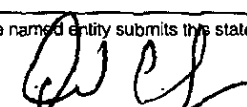
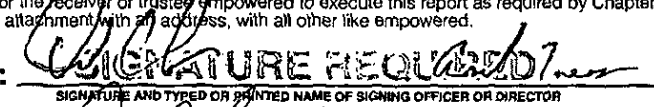


FILED
Apr 27, 2000 8:00 am
Secretary of State

01-24-2000 90050 023 ****61.25

DOCUMENT # N12225 1. Entity Name BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.						 DO NOT WRITE IN THIS SPACE	
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 33957-0194				
2. Principal Place of Business Suite, Apt. #, etc. PO Box 190			3. Mailing Address PO Box 190 Suite, Apt. #, etc.				
City & State Zip Country			City & State Zip Country				
4. FEI Number 59-2674859						Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent OWENS, DAVID A 2440 PALM RIDGE ROAD SANIBEL FL 33957				7. Name and Address of New Registered Agent Name Owens, David A. Street Address (P.O. Box Number is Not Acceptable) 695 TARPON Bay Road #5 City SANIBEL FL Zip Code 33957			
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. SIGNATURE 							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERDON, RAY 56 WALKER ST OAKVILLE ON L6K 1			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, DICK 635 E GULF DR SANIBEL FL 33957			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D GRANT, DICK 635 E GULF DRIVE SANIBEL FL 33957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIFFRE, JOE P O BOX 7470 ALEXANDRIA VA 22307			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OWENS, DAVE 2440 PALM RIDGE ROAD SANIBEL FL 33957			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OWENS, DAVE 695 TARPON Bay Road #5 SANIBEL FL 33957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY NELSON 115 EAST LAUREL AV LAKE FOREST IL 60045		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 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 REQUIRED							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date 1/17/00 Daytime Phone # 941-422-7434							
Date 2/28/00							