2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State
01-27-2001 90070 015 ****61.25

DOCUMENT # N12225

1. Entity Name

BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

906481

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
OWENS, DAVID A 2440 PALM RIDGE ROAD SANIBEL FL 33957	Name: Owens, David A Street Address (P.O. Box Number is Not Acceptable): 695 Tarpon Bay Rd #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	☒ Delete	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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUIFFRE, JOE P O BOX 7470 ALEXANDRIA VA 22307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Guiffre, Joe P.O. Box 7470 Alexandria VA 22307 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT OWENS, DAVE 2440 PALM RIDGE ROAD SANIBEL FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Owens, Dave 695 Tarpon Bay Rd #5 Sanibel FL 33957 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tober, Guy 2302 Spring Valley Rd. Bethlehem PA 18015 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 David Owens 1/16/01 941-472-6965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #