2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-11-2002 90027 044 ****61.25

DOCUMENT # N12225

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 695 TARPON BAY RD #5 SANIBEL FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 GUIFFRE, JOE P O BOX 7470 ALEXANDRIA VA 22307	☒ Delete	PD MARIE NOLES 1115 EAST MORE AVE CAPE FOREST, NC 28451	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT OWENS, DAVE 695 TARPON BAY RD #5 SANIBEL FL 33957	☐ Delete	VP ~~JACK MENG~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOBER, GUY 2302 SPRING VALLEY RD BETHLEHEM PA 18015	☐ Delete	PD Tober, Guy 2302 Spring Valley Rd. Bethlehem PA 18015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP D ~~[illegible]~~ Meng, Jack 1218 Fox River Dr. DePere, WI 54115	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD John Walley 3501 Taylor Ave Racine WI 53405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 3-26-02 941-472-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #