

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N12225

1. Entity 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**



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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
695 TARPON BAY RD #5
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000094209
03/22/04-80049-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT OWENS, DAVE 695 TARPON BAY RD #5 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, JOSEPH 2692 WADSWORTH RD. SHAKER HEIGHTS, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENG, JACK 1218 FOX RIVER DRIVE DE PERE, WI 54115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLEY, JACK 3501 TAYLOR AVENUE RACINE, WI 53405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David A Owens **DAVID A OWENS ASST TREAS.**

3/18/04

239-472-1439