2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90033 019 ****61.25

40015682

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

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Island Financial Services	c/o Island Financial Services
Suite, Apt. #, etc. 12853 Banyan Creek Dr.	Suite, Apt. #, etc. 12853 Banyan Creek Drive
City & State Ft. Myers Florida	City & State Ft. Myers FL
Zip 33908 Country	Zip 33908 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
~~695 TARPON BAY RD #5~~ Change of Address
~~SANIBEL, FL 33957~~

7. Name and Address of New Registered Agent

Name David A Owens
Street Address (P.O. Box Number is Not Acceptable)
12853 Banyan Creek Dr.
City Fort Myers FL Zip Code 33908

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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT OWENS, DAVE 695 TARPON BAY RD #5 SANIBEL, FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT David A Owens 12853 Banyan Creek Drive Fort Myers FL 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, JOSEPH 2692 WADSWORTH RD. SHAKER HEIGHTS, OH 44122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Thomas 2692 Wadsworth Rd. Shaker Heights OH 44122	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MENG, JACK~~ 1218 ~~FOX~~ RIVER DRIVE DE PERE, WI 54115	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WALLEY~~, JACK 3501 ~~TAYLOR~~ AVENUE RACINE, WI 53405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bruce Guray One Main Street Concord MA 01742	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Molleur 115 Quay Street Alexandria VA 22314	☐ Change ☑ Addition
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: _____ Agent 1/26/05 239-472-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #