2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-09-2008 90029 007 ****61.25

DOCUMENT # N12225

1. Entity Name
BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GILBERT WALLACE, STEWART ETAL 2040 VIRGINIA AVE FORT MYERS, FL 33902	GILBERT WALLACE, STEWART ETAL 2040 VIRGINIA AVE FORT MYERS, FL 33902

03032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

SOWERS, JAMES M
2040 VIRGINIA AVE
FORT MYERS, FL 33902

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	D NELSON, JAMES P.O. BOX 517 FISH CREEK, WI 54212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKIE, PAUL 40 OLD MILL RD 501 TORONTO ONTARIO CANADA, M8X1 G7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DICKIE, PAUL 40 OLD MILL RD 501 TORONTO ONTARIO CANADA M8X1G7 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLLEUR, RICHARD 115 QUAY ST ALEXANDRIA, VA 22314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SUE VERDON 56 WALKER ST. OAKVILLE, ONTARIO CANADA L6K1A3 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Robert Bostick 2 Windy Hill Drive Willoughby Hills, OH 44094 ☐ Change ☒ Addition
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	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #