

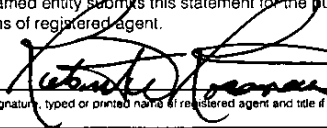
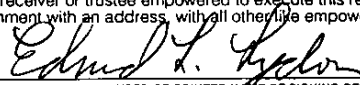


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90173 037 ****61.25

DOCUMENT # N13450 1. Entity Name BEACHWALK GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DRIVE SUITE #206 NAPLES, FL 34103 US				Mailing Address C/O KRAMER- TRAD MGMT, LLC 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105 US	
2. Principal Place of Business C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215		3. Mailing Address C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-2745857	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANCE TRIAD MANAGEMENT GROUP, LLC 6732 LONE OAK BLVD. NAPLES, FL 34109				7. Name and Address of New Registered Agent Name ROBERT - ROSENOW Street Address (P.O. Box Number is Not Acceptable) RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 City NAPLES, FL Zip Code 34104	
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 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD TAYLOR, CAROL 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST George Richardson 631 Beachwalk Circle # F201 Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYDON, LEO 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Edmond Lydon 592 Beachwalk Circle # N301 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOVERMALE, RONALD 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Hovermale 592 Beachwalk Circle # N104 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCATHY, RICHARD 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Taylor 571 Beachwalk Circle # S103 Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BURT 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Rui Williams 586 Beachwalk Circle # O201 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 4/25/06 Daytime Phone #	