

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14195

FILED
Apr 27, 2006
Secretary of State

Entity Name: BEACHER'S LODGE CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

6970 A-1-A SOUTH
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

6970 A-1-A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2720326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, THOMAS
6970 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: IHAS, GARY
Address: 3705 SW 3RD PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: HERMANN, HENRY R
Address: 620 A1A BEACH BLVD. # 31
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PD () Delete
Name: EDWARDS, THOMAS
Address: 6970 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP () Delete
Name: MONROE, DON
Address: 4808 NW 17 PL
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MORRIS, JON
Address: 5206 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: OLIVER, RICHARD
Address: 3327 OVERLOOK DR, NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MORRIS, JON
Address: 5206 NW 50TH LN
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MONROE, DON
Address: 4808 NW 17TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: VP (X) Change () Addition
Name: BRINTON, BURK B
Address: 1951 AFTON LN
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change () Addition
Name: PROGULSKE-FOX, ANN
Address: 6392 CR 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS EDWARDS

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date