2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N14904

1. Entity Name
BEACH PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
495 MINUTEMAN CSWY COCOA BEACH, FL 32931	3960 S. BANANA RIVER BLVD COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2465361	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, PATRICIA
233 S. ATLANTIC AVE
COCOA BEACH, FL 32931

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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, 2008

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

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	COOPER, PATRICIA
STREET ADDRESS	233 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	P
NAME	CHE, DAVID
STREET ADDRESS	299 N. ATLANTIC AVE #503
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	S
NAME	ADDINGTON, CAROL
STREET ADDRESS	495 MINUTEMAN CSWY
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80018-005 61.25

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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: _David C_____   2-6-08   321-783-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #