


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 020 ****61.25

DOCUMENT # N16061 1. Entity Name BEULAH CONDOMINIUM ASSOCIATION, INC. PHASE I			
Principal Place of Business 22278 VICK ST % OFFICE PORT CHARLOTTE, FL 33980 US		Mailing Address 22278 VICK ST % OFFICE PORT CHARLOTTE, FL 33980 US	
2. Principal Place of Business 66 Star Hospitality Suite, Apt. #, etc. 6025 Taylor Rd #2 City & State Punta Gorda, FL Zip 33950 Country USA		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. #2 City & State Punta Gorda, FL Zip 33950 Country USA	
4. FEI Number 59-2363441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT EUGENE KELLY 15510 BURNT STORE ROAD PUNTA GORDA, FL 33955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 Punta Gorda FL 33950	
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 <u><i>Sherry Dault</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>8-17-06</u>			
Filing Fee is \$61.25 Due by September 6, 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	
TITLE SD NAME SPENCER, ANN STREET ADDRESS 22278 VICK ST 103 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete		
TITLE D NAME MALDONADO, DAVID STREET ADDRESS 22278 VICK STREET #114 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		
TITLE D NAME TICKLE, RON STREET ADDRESS 43034 LONDON DRIVE CITY-ST-ZIP PARKER, CO 80138	<input checked="" type="checkbox"/> Delete		
TITLE D NAME HALL, LAURENCE STREET ADDRESS 22278 VICK ST. #112 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.			
TITLE PRESIDENT NAME SANDRA COCORAN STREET ADDRESS 22278 VICK ST SE 105- P.C. FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SECTY/TREAS NAME " " STREET ADDRESS " " CITY-ST-ZIP " "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V.P. NAME LOREN FARRAR STREET ADDRESS 22278 VICK ST. CITY-ST-ZIP PORT CHARLOTTE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR NAME AHEL SIMPSON STREET ADDRESS 22278 VICK ST #100 P.C FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Sandra Corcoran President</i></u> Date <u>8/17/06</u>			

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