


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90016 029 \*\*\*\*61.25

<b>DOCUMENT # N16603</b> 1. Entity Name <b>THE CONDOMINIUM ASSOCIATION FOR THE BEACH PLACE, INC.</b>			
Principal Place of Business 1111 BAYSHORE DR. E-1 CLEARWATER, FL 33759		Mailing Address 1111 BAYSHORE DR. E-1 CLEARWATER, FL 33759	
2. Principal Place of Business <b>P.O. BOX 455</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 455</b> Suite, Apt. #, etc.	
City & State <b>PLACIDA FL</b> Zip <b>33946-0455</b>		City & State <b>PLACIDA, FL</b> Zip <b>33946-0455</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1987952</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERGIN, ED</b> <b>1111 BAYSHORE DR. E-1</b> <b>CLEARWATER, FL 33759</b>		7. Name and Address of New Registered Agent Name <b>BERGIN, MARY M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 Bear Ridge Court</b> <del>1111 BAYSHORE DR. E-1</del> City <b>CLEARWATER SAFETY HARBOR</b> Zip Code <b>FL 33759 34695</b>	
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>Mary M. Bergin</u> <b>Mary M. Bergin</b> <b>04/08/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD BERGIN, ED 1111 BAYSHORE DR. E-1 CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	
TITLE	VPD REITES, WILLIAM D 17906 CLEAR LAKE DR LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete	
TITLE	SD WEHLE, JOHN 4516 NW 36TH TERRACE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	
TITLE	TD IRBY, DAVID 9251 PINE COVE RD ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE	PD WEHLE, JOHN R. P.O. BOX 455 PLACIDA, FL 33946-0455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VPD NUTTLE, TED H. 505 WILLOWHURST PL. LOUISVILLE, KY 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	SD BERGIN, MARY M. 202 BEAR RIDGE COURT SAFETY HARBOR, FLA 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>John R. Wehle</u> <b>JOHN R. WEHLE</b> <b>4/1/04</b> <b>561-253-4809</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			