

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90006 011 ****61.25

DOCUMENT # N16603 1. Entity Name THE CONDOMINIUM ASSOCIATION FOR THE BEACH PLACE, INC.					
Principal Place of Business P.O. BOX 455 PLACIDA, FL 33946-0455			Mailing Address P.O. BOX 455 PLACIDA, FL 33946-0455		
2. Principal Place of Business 9251 PINE COVE RD		3. Mailing Address 9251 PINE COVE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ENGLEWOOD, FL		City & State ENGLEWOOD, FL		4. FEI Number 59-1987952	
Zip 34224		Country USA		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 BERGIN, MARY M 202 BEAR RIDGE COURT SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name WILLIAM D. IRBY Street Address (P.O. Box Number is Not Acceptable) 9251 PINE COVE RD City ENGLEWOOD FL Zip Code 34224		
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. T/D SIGNATURE WILLIAM D. IRBY <i>William D. Irby</i> 2/04/06 <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$81.25 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEHLE, JOHN R <input checked="" type="checkbox"/> Delete PO BOX 455 PLACIDA, FL 339460455				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NUTTLE, TED H <input type="checkbox"/> Delete 505 WILLOWHURST PL LOUISVILLE, KY 40223				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERGIN, MARY M <input type="checkbox"/> Delete 202 BEAR RIDGE COURT SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IRBY, DAVID <input type="checkbox"/> Delete 9251 PINE COVE RD ENGLEWOOD, FL 34224				
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 NAME STREET ADDRESS CITY - ST - ZIP	P/D NUTTLE, TED H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 505 WILLOWHURST PL. LOUISVILLE, KY 40223				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAMIE WHITE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6309 BIGGS ST. ENGLEWOOD, FL 34224				
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				
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: <i>William D. Irby</i> WILLIAM D. IRBY 2/04/06 (941) 698-1087 (HOME) <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					