


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16603					
1. Entity Name THE CONDOMINIUM ASSOCIATION FOR THE BEACH PLACE, INC.					
Principal Place of Business 9251 PINE COVE RD ENGLEWOOD, FL 34224			Mailing Address 9251 PINE COVE RD ENGLEWOOD, FL 34224		
2. Principal Place of Business - No P.O. Box # 177 N. GULF BLVD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PLACIDA, FL		City & State		4. FEI Number 59-1987952	
Zip 33946		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRBY, WILLIAM D 9251 PINE COVE BLVD ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME NUTTLE, TED H STREET ADDRESS 505 WILLOWHURST PL CITY-ST-ZIP LOUISVILLE, KY 40223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME NUTTLE, TED H STREET ADDRESS 505 WILLOWHURST PL CITY-ST-ZIP LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700087709207 02/08/07--01005--006 **\$61.25	
TITLE SD NAME BERGIN, MARY M STREET ADDRESS 202 BEAR RIDGE COURT CITY-ST-ZIP SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME IRBY, DAVID STREET ADDRESS 9251 PINE COVE RD CITY-ST-ZIP ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WHITE, JAMIE STREET ADDRESS 6309 BIGGS ST CITY-ST-ZIP ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		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"/> Delete		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>WILLIAM D. IRBY</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/29/07 (941) 698-1087 Date Daytime Phone #		