

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31432

1. Entity Name

BEACH CLUB PROPERTY OWNERS' ASSOCIATION, INC.

FILED

01 JAN 22 PM 3:25

Principal Place of Business

10740 S OCEAN DRIVE
JENSEN BEACH FL 34957
US

Mailing Address

P.O. BOX 22197
LAKE BUENA VISTA FL 32830-2197
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2943478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRAZ, RONALD
822 HAVENWOOD DRIVE
ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BITTNER, DENNIS
7893 CO RD 426, M.5 RD
GLADSTONE MI 49837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HANNENBERG, WALTER C
5051 N. A1A, UNIT 16-3
N. HUTCHINSON ISLAND FL 34949 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003618319--3
-02/01/01--01009--003
****70.00 ****70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
THOMAS, THORP S.
13800 STATE ROAD 535
ORLANDO FL 32821 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
8800 Vistana Centre Drive
Orlando, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
OHNSTAD, DAVID
113 LAKESHORE DRIVE
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
James Paulson
5980 N. Pike Lake Road
Duluth, MN 55811 ☐ Change ☒ 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:

SIGNATURE REQUIRED

Thorp Thomas

1/12/01

407/239-3019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)