

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31432

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** BEACH CLUB PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10740 S OCEAN DRIVE  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22197  
LAKE BUENA VISTA, FL 328302197 US

**New Mailing Address:**

**FEI Number:** 59-2943478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FORD, MICHELE  
Address: 25 CIRCUIT AVE  
City-St-Zip: POCASSET, MA 02559 US

Title: VPD ( ) Delete  
Name: BITTNER, DENNIS  
Address: 7893 CO RD 426, M.5 RD  
City-St-Zip: GLADSTONE, MI 49837

Title: VPD ( ) Delete  
Name: BURNEY, RICHARD  
Address: 4319 MILLER ROAD  
City-St-Zip: ANN ARBOR, MI 48103

Title: SD ( ) Delete  
Name: OHNSTAD, DAVID  
Address: 113 LAKESHORE DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete  
Name: PAULSON, JAMES  
Address: 5980 N. PIKE LAKE ROAD  
City-St-Zip: DULUTH, MN 55811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OHNSTAD

DS

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date