

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31580

FILED
Jul 13, 2009
Secretary of State

Entity Name: BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1550 S OCEAN DR
FT PIERCE, FL 34949 US

New Principal Place of Business:

1550 S OCEAN DR
#1
FT PIERCE, FL 34949 US

Current Mailing Address:

1913 EUCALYPTUS AVENUE
FT PIERCE, FL 34949 US

New Mailing Address:

1550 S OCEAN DR
#1
FT PIERCE, FL 34949 US

FEI Number: 65-0128950 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CABRERA, JOHN
1913 EUCALYPTUS AVENUE
FT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

SCHLOEGEL, JOE
1550 S. OCEAN DR.
#1
FT PIERCE, FL 34949 US

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: JOE SCHLOEGEL

07/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: CABRERA, JOHN
Address: 1913 EUCALYPTUS AVE.
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: SHARRON, LAURIE
Address: 1550 S OCEAN DR. UNIT C18
City-St-Zip: FORT PIERCE, FL 34949

Title: P (X) Delete
Name: DELAUNE, ROBERT
Address: 520 WILLIAMS ST
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: ALFONSO, ELAINE
Address: 1717 E GEDDES AVE
City-St-Zip: CENTENIAL, CO 80122

Title: S (X) Delete
Name: SCHLOEGEL, DIANE
Address: 111 W 119TH ST
City-St-Zip: KANSAS CITY, MO 64145

Title: D (X) Delete
Name: HONING, SYLVIA
Address: 616 NORTH STREET
City-St-Zip: DOYLESTOWN, PA 18901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: JOHNSON, VAL
Address: 1550 S. OCEAN DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: TD (X) Change () Addition
Name: SCHLOEGEL, JOE
Address: 111 W. 119TH ST.
City-St-Zip: KANSAS CITY, MO 64145

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: JOE SCHLOEGEL

TREA

07/13/2009

Electronic Signature of Signing Officer or Director

Date