


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90032 036 \*\*\*\*61.25

<b>DOCUMENT # N42086</b> 1. Entity Name <b>BEACH PALMS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>18450 GULF BLVD</b> <b>INDIAN SHORES, FL 33785 US</b>			Mailing Address <b>300 S. DUNCAN AVE.</b> <b>SUITE 220B</b> <b>CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3048276</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEAVER, ALBERT</b> <b>18450 GULF BLVD 208</b> <b>INDIAN SHORES, FL 33785</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DELAHUNTY, JOSEPH</b> <b>10 CANTERBURY</b> <b>SALEM, NH 03079</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>LAMARCA, RAY</b> <b>1320 IVYGREEN CT</b> <b>NORTH TONAWANDA, NY 14120</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BURNS, JOE</b> <b>137 YACHT CLUB CIRCLE</b> <b>N. REDINGTON BEACH, FL 337081583</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Burns, Joe</b> <b>18450 Gulf Blvd. # 310</b> <b>Indian Shores, FL 33785</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHERER, CARL</b> <b>18450 GULF BLVD. #502</b> <b>INDIAN ROCKS BEACH, FL 33785</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WEAVER, ALBERT</b> <b>18450 GULF BLVD 208</b> <b>INDIAN SHORES, FL 33785</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WEAVER, A.R.</b> <b>1045 Bay Colony Dr</b> <b>Richmond, Ky 40475</b>	
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.					
<b>SIGNATURE:</b> <i>Albert R. Weaver</i> <b>Albert R. Weaver</b> 4/14/08 859-623-8839 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**40067188**



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