2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90073 018 ****61.25

DOCUMENT # N49442

1. Entity Name
BETHUNE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6600 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 US	PO BOX 1704 NEW SMYRNA BEACH, FL 32170 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

400133838

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHIMBAUD, JAMES
5300 S ATLANTIC AVE 6507
NEW SMYRNA BEACH, FL 32169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005 0759

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROWAN, WENDY 6395 ENGRAM NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD HAYEN, JOAN 6360 RIVER RD NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD ROSALIE RIEDEL 5442 ENGRAM NEW SMYRNA BEACH, FL 32169-2751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REICHERT, PAUL E 891 SNOOK AVE NEW SMYRNA BCH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARGIMBAUD, JAMES 5300 S. ATLANTIC AVE 6507 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARCHIMBAUD SPELLING	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GERWE, KARL 6960 TURTLE MOUND NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CURRY, WILLIAM 7126 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Paul E Reichert PAUL E. REICHERT Feb 17, 2005 386-424-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #