

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90031 039 \*\*\*\*61.25

**DOCUMENT # N51163**

1. Entity Name

**BEACHWALK AT INDIAN RIVER PLANTATION  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

2177 SE OCEAN  
STUART FL 34996  
US

Mailing Address

2177 SE OCEAN  
STUART FL 34996  
US

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-2292398

Applied For

Not Applicable

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

**KAZMIER, TIMOTHY D**  
**2177 SE OCEAN**  
**STUART FL 34996**

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | DP                      | <input type="checkbox"/> Delete            |
| NAME           | VOLPATT, RAYMOND        |                                            |
| STREET ADDRESS | 2177 SE OCEAN           |                                            |
| CITY- ST- ZIP  | STUART FL 34996         |                                            |
| TITLE          | DT                      | <input type="checkbox"/> Delete            |
| NAME           | WOODRING, WOODY         |                                            |
| STREET ADDRESS | 2177 SE OCEAN           |                                            |
| CITY- ST- ZIP  | STUART FL 34996         |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WORTHEN, PAT            |                                            |
| STREET ADDRESS | 2177 SE OCEAN           |                                            |
| CITY- ST- ZIP  | STUART FL 34996         |                                            |
| TITLE          | VP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | VAND DE SAN DE, WILLIAM |                                            |
| STREET ADDRESS | 2177 SE OCEAN           |                                            |
| CITY- ST- ZIP  | STUART FL 34996         |                                            |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | PHILIPS, ARTHUR         |                                            |
| STREET ADDRESS | 2177 SE OCEAN BLVD      |                                            |
| CITY- ST- ZIP  | STUART FL 34996         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY- ST- ZIP  |                         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | DVP                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          | DS                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAVE LAUBACH         |                                                                              |
| STREET ADDRESS | 2177 SE Ocean Blvd   |                                                                              |
| CITY- ST- ZIP  | STUART, FL 34996     |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          | PRESIDENT/DIRECTOR   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAUL BOLLO           |                                                                              |
| STREET ADDRESS | 2177 SE OCEAN        |                                                                              |
| CITY- ST- ZIP  | STUART FLORIDA 34996 |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Edward W. Woodring*