2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006
Secretary of State

DOCUMENT# N92000000898

Entity Name: BEACH CLUB ESTATES OF APOLLO BEACH PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

BEACH CLUB ESTATES
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3245
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 59-3185393 **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:

WHITMEYER, JODY
1406 BEACH CLUB LN.
APOLLO BEACH, FL 33572 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: DP ( ) Delete
Name: JODY, WHITMEYER
Address: 1406 BEACH CLUB LN.
City-St-Zip: APOLLO BEACH, FL 33572

Title: DV ( ) Delete
Name: FILICETI, DON
Address: 1423 BEACH CLUB LN.
City-St-Zip: APOLLO BEACH, FL 33572

Title: DS ( ) Delete
Name: ANDERTON, JOESEPHINE
Address: 1403 BEACH CLUB LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: DT ( ) Delete
Name: ISE, ASHLEY
Address: 1401 BEACH BLUB LN.
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: FILICETTI, DON
Address: 1423 BEACH CLUB LN.
City-St-Zip: APOLLO BEACH, FL 33572

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 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: ASHLEY R. ISE DT 08/22/2006

Electronic Signature of Signing Officer or Director — Date