2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

Mailing Address

3. Mailing Address

City & State

Zip

APOLLO BEACH FL 33572

Suite, Apt. #, etc.

P.O BOX 3245

## DOCUMENT # N9200000898

1. Entity Name BEACH CLUB ESTATES OF APOLLO BEACH PROPERTY ASSO

Country

CIATION, INC.

BEACH CLUB ESTATES

APOLLO BEACH FL 33572

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business



**FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90196 024 \*\*\*\*61.25

6019127											
4. FEI Number 59	CHECK HERE IF MAKING CHANGES  FEI Number 59-3185393  Certificate of Status Desired  Sa.75 Additional Fee Required  Name and Address of New Registered Agent  Can to Sox Number is Not Acceptable)  Sach CUb Lane  Beach  FL Zip Code  33572  ent, or both, in the State of Florida. I am familiar with, and accept										
				Not Applicable							
5. Certificate of Sta	Certificate of Status Desired Service										
7. Name and Address of New Registered Agent											
Santos				· · · · · · · · · · · · · · · · · · ·							
3. Box Number is No Beach C	ot Acceptable) Ub Lane										
o Beach	FL	• Z									
agent, or both, in the	he State of Florida. I am	familia	ar wi	th, and accept							
<b>5.00</b> May Be dded to Fees	i.00 May Be Make Check Payable to										

		, un.				J. Sertificate of S		Fee Required	d		
	6. Name	and Address of Current R	egistered Agent			7. Name and Add	dress of New Register	ed Agent			
OTTMAN, WILLARD G 6619 SURFSIDE BLVD APOLLO BEACH FL 33572					Name Joesph Santos Street Address (P.O. Box Number is Not Acceptable) (1462 Beach Club Lane						
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 above harned entity spormis (his statement ter the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, type or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)											
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Solution State  Make Check Payable to Florida Department of State											
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OTTMAN, V 6619 SURF APOLLO BI		<b>⊠</b> Delete			Joesph San 1402 Beach Apollo Beach	n Club Lane	-	Addition 8		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1	I, THOMAS H CLUB LANE EACH FL-33572	<b>⊠</b> Delete			Dan Rich 1419 Beach Apollo Beach	C106 FN	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NETTE H CLUB LANE EACH FL 33572	☐ Delete					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOLLO BE	RBARA A H CLUB LANE EACH FL 33572	<b>⊠</b> _Oelete		J	Grace Whit 1406 Bead Apollo Bead	chiclub h		<b>⊠</b> , Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, JODY H CLUB LANE EACH FL 33572	<b>⊠</b> Delete		1	Russel Veri 1409 Beach Apollo Beach	non .C(s6 kane	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			Change	Addition		

Country

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 eath; 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: GV&CONTURE

813 645-9310