

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90026 045 \*\*\*\*61.25

<b>DOCUMENT # N94000005521</b> 1. Entity Name <b>BEACH CLUB OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>19616 GULF BLVD INDIAN SHORES, FL 33785 US</b>			Mailing Address <b>19616 GULF BLVD. INDIAN SHORES, FL 33785</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3302287</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWANSON, MARY 19616 GULF BLVD., #402 INDIAN SHORES, FL 33785</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <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 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, JOHN</b>		NAME		
STREET ADDRESS	<b>19616 GULF BLVD., #302</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUTCH, STEVE</b>		NAME		
STREET ADDRESS	<b>19616 GULF BEACH BLVD #101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWANSON, MARY</b>		NAME		
STREET ADDRESS	<b>19616 GULF BLVD., #402</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZANDER, TED</b>		NAME		
STREET ADDRESS	<b>19616 GULF BLVD #401</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGNE, BOB</b>		NAME		
STREET ADDRESS	<b>19616 GULF BLVD #502</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>MARY SWANSON</u> MARY SWANSON, TREASURER 1-7-05 727-595-3499</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					