

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N96000001101

1. Entity Name
**BEACHPLACE TOWERS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**21 SOUTH FOURT LAUDERDALE BEACH BOULEVARD
FT. LAUDERDALE, FL 33316 US**

Mailing Address

**6649 WESTWOOD BLVD, STE. 500
RESORT OPERATIONS
ORLANDO, FL 32821 US**



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000907835
05/06/08 00003 020 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEIDRICH, GEORGE
STREET ADDRESS 1162 OLD STAGE CT
CITY-STATE-ZIP MCLEAN, VA 22102

TITLE T
NAME MINOTTI, ERIC
STREET ADDRESS 3 YORKSHIRE LANE
CITY-STATE-ZIP BRANFORD, CT 06405

TITLE VP
NAME DALEY, VINCENT
STREET ADDRESS 1807 NORTH ORLEANS
CITY-STATE-ZIP CHICAGO, IL 606614

TITLE S
NAME MCCONAHAY, MARTIN T
STREET ADDRESS 11115 E RIVIERA DRIVE
CITY-STATE-ZIP SPRING GROVE, IL 60081

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 407 206-6425