FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006241

1. Corporation Name

BEACH HOUSE CONDOMINIUM ASSOCIATION OF KEY WEST.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90232 021 ****61.25

INC.				,					
Principal Place of Business Mailing Address						_		•	
	•		600 FRONT ST., STE, B-7 KEY WEST FL 33040						
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed			
21		26				11/05/1997			
Suite, Ap	t. #, etc.	Suite, Apt. #,	etc.			4. FEI Number 65-0796186		plied For	
22		City & State				03 01 90 100		t Applicable	
City & St	ate · ,	28				5. Certifcate of Status Desired	\$8.75 A		
Zip	Country	Zip	C	ountry		6. Election Campaign Financing	\$5.00	May Be	
24	25	29	30			Trust Fund Contribution	Added t		
	9. Name and Address of Curr	ent Registered Agent		Ţ <u>-</u> .,		10. Name and Address of New Registere	d Agent		
				81	Name				
A.G.C. CO. 200 S. ORANGE AVE.,				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
2300 SUNTRUST CENTER ORLANDO FL 32801				83		·			
				84 City			. 85 Zip (Code	
\ \				{ }	-	oration submits this statement for the purpose			
agent. I SIGNATURE	am familiar with, and accept the obliq	gations of, Section 617.0	503, Florida St.	atutes. red Agent		on's board of directors. I hereby accept the app d when reinstating) DATE	·		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP population population	☐ DE		TITLE			Change	Addition	
NAME	SPOTTSWOOD, ROBERT		1	NAME					
STREET ADDRES	S 600 FRONT ST., STE. B-7 KEY WEST FL 33040			_	ADDRESS				
CITY-ST-ZIP	DV7	□ DE		CITY-ST-	- 217		Change	Addition	
NAME	BURLINGAME, JOHN M			NAME	ŧ				
STREET ADDRES		PLAZA, 42ND FL.			ADORESS				
CITY-ST-ZIP	CHICAGO IL 60606	,	2.4	CITY-ST	-ZIP				
TITLE	DST	☐ DE	LETE 3.1	TITLE			Change	Addition	
NAME	CHEVERTON, IAN		3.2	NAME)				
STREET ADDRES	-(3.3	STREET	ADDRESS	•			
CITY-ST-ZIP	KEY WEST FL 33040			. CITY-ST	-ZIP	<u> </u>	[] Chanca	□ Addition	
TITLE		□ DE	1	TITLE	}		Change	Addition	
NAME STREET ADDRES	e l			NAME	ADDRESS				
CITY-ST-ZIP	~			CITY-ST	i				
TITLE	 	☐ DE		TITLE			. Change	Addition	
NAME		-	5.2	NAME		•			
STREET ADDRES	s				ADDRESS		•		
CITY-ST-ZIP		·		CITY-ST	ZIP	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
TITLE		□ DE		TITLE]		' Change	Addition	
NAME			1	NAME	ADDDEEC		<i>i</i> .		
STREET ADDRESS	s		1		ADDRESS				
CITY ST-ZIP	1		■ 6.4	CITY-ST-	-Z#?				

14. 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 annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR