

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0034572

DOCUMENT # N97000006241

1. Entity Name

BEACH HOUSE CONDOMINIUM ASSOCIATION OF KEY WEST,

02-06-2001 90287 005 ****61.25

Principal Place of Business

Mailing Address

600 FRONT ST., STE. B-7
 KEY WEST FL 33040

600 FRONT ST., STE. B-7
 KEY WEST FL 33040

2. Principal Place of Business

5051 Overseas Hwy.

3. Mailing Address

450 Carillon Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

Key West FL

City & State

St. Petersburg FL

4. FEI Number

65-0796186

Applied For

Not Applicable

Zip

33040

Country

US

Zip

33716

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

A.G.C. CO.
 200 S. ORANGE AVE.,
 2300 SUNTRUST CENTER
 ORLANDO FL 32801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SPOTTSWOOD, ROBERT	
STREET ADDRESS	600 FRONT ST., STE. B-7	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JENNINGS, JOHN H	
STREET ADDRESS	810 GRAND VISTA TRAIL	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHEVERTON, IAN	
STREET ADDRESS	600 FRONT ST., STE. B-7	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (727) 803-9400
 Date Daytime Phone #

CR2E037 (10/00)