


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90008 004 ****61.25

DOCUMENT # N97000006241

1. Entity Name
BEACH HOUSE CONDOMINIUM ASSOCIATION OF KEY WEST, INC.



Principal Place of Business
**5051 OVERSEAS HWY
 KEY WEST, FL 33040**

Mailing Address
**450 CARILLON PKWY
 STE 210
 SAINT PETERSBURG, FL 33716**

44049665



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0796186

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**A.G.C. CO.
 200 S. ORANGE AVE.,
 2300 SUNTRUST CENTER
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | SPOTTSMOOD, ROBERT | |
| STREET ADDRESS | 500 FLEMING ST. | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | JENNINGS, JOHN H | |
| STREET ADDRESS | 810 GRAND VISTA TRAIL | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | CHEVERTON, IAN | |
| STREET ADDRESS | 450 CARILLON PKWY STE. 210 | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tracy Gainer | |
| STREET ADDRESS | 200 W. Madison | |
| CITY-ST-ZIP | Chicago, IL 60606 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ed Vardon | |
| STREET ADDRESS | 910 Shore Dr | |
| CITY-ST-ZIP | Twin Lake, WI 53181 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: Tracy Gainer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #