


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0796186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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 May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GAINER, TRACY 200 W MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JENNINGS, JOHN H 810 GRAND VISTA TRAIL LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VARDON, ED 910 SHORE DR TWIN LAKES, WI 53181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAR, FREDERICK W 102 DIVOT CT HAMPSTEAD, NC 28443
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRETT, DAVID W 2713 CHARLESTON DR. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000414419
 02/11/06-80036-019 61.25

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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: Tracy Gainer **1/13/06** **3127805189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #