2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006241

GARRETT, DAVID W

2713 CHARLESTON DR.

PLANT CITY, FL 33565

Name:

Address:

City-St-Zip:

FILED Jan 10, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5051 OVERSEAS HWY KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 450 CARILLON PKWY STE 210 SAINT PETERSBURG, FL 33716 FEI Number: 65-0796186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A.G.C. CO 200 S. ORANGE AVE. 2300 SUNTRUST CENTER ORLANDO, FL 32801 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST () Delete (X) Change () Addition GAINER, TRACY GAINER, TRACY Name: Name: 200 W MADISON Address: 71 S WACKER DR STE 1200 Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 Title: DP () Delete Title: () Change () Addition JENNINGS, JOHN H Name: Name: Address: 810 GRAND VISTA TRAIL Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition VARDON, ED CORONADO, MARTHA Name: Name: 21W104 MONTICELLO RD Address: 910 SHORE DR Address: City-St-Zip: TWIN LAKES, WI 53181 City-St-Zip: LOMBARD, IL 60148 Title: () Delete Title: DVP (X) Change () Addition Name: LEAR, FREDERICK W Name: LEAR, FREDERICK W Address: 102 DIVOT CT Address: 102 DIVOT CT City-St-Zip: HAMPSTEAD, NC 28443 City-St-Zip: HAMPSTEAD, NC 28443 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL SCHIBI FOR TRACY GAINER DST 01/10/2007