


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 009 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N99000007422 | | | |  | |
| 1. Entity Name BEACHWALK OF VERO BEACH CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 | | | Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3681707 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MERRILL, CRAIG 835 20TH PLACE VERO BEACH, FL 32960 | | | 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 May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE VP NAME FRANCESE, MARIANO STREET ADDRESS 940 TURTLE COVE LANE # 306 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME INGWERSEN, MARTIN STREET ADDRESS 940 TURTLE COVE LANE, #304 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | TITLE P NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PD NAME KEMNITZ, LOUIS STREET ADDRESS 940 TURTLE COVE, UNIT 201 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME ELLWOOD, ELIZABETH STREET ADDRESS 940 TURTLE COVE LANE, #301 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | TITLE T NAME Bob Whitehide STREET ADDRESS 940 Turtle Cove Lane #105 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME LUDIN, JANELLE STREET ADDRESS 940 TURTLE COVE LANE, #301 CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ASD NAME KEMINTZ, NANETTE STREET ADDRESS 940 TURTLE COVE LANE, #201 CITY-ST-ZIP VERO BEACH, FL 32963 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ | | | 4/10/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |