

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758055

**Entity Name:** BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

3201 S OCEAN BLVD  
MANAGERS OFFICE  
HIGHLAND BEACH, FL 33487-2566

**Current Mailing Address:**

3201 S OCEAN BLVD  
MANAGERS OFFICE  
HIGHLAND BEACH, FL 33487-2566 US

**FEI Number: 59-2119235****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 N FLAGLER DR  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SZERLAG, DAVID  
Address        3201 S. OCEAN BLVD.  
                  UNIT # 303  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            DIRECTOR  
Name            WINSTON, ALAN  
Address        3201 S. OCEAN BLVD.  
                  UNIT # 302  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            SECRETARY  
Name            JAMES, BARBARA  
Address        3201 S. OCEAN BLVD.  
                  UNIT # PH-1  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            VP  
Name            O'CONNELL, HEIDE  
Address        3201 S. OCEAN BLVD  
                  UNIT # 702  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            TREASURER  
Name            KALOYANIDES, JAMES M  
Address        3201 SOUTH BEACH BLVD  
                  UNIT # 403  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            ASST. SECRETARY  
Name            EVANS, DAVID R  
Address        2541 S.W. CRANBROOK PL  
City-State-Zip: BOYNTON BEACH FL 33436

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID R. EVANS****MANAGER & ASST.  
SECRETARY****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date