FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763109 (6)

1. Corporation Name

THE BEACH CONDOMINIUMS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8459 GULF BLVD NAVARRE BCH FL 32566 US	PO BOX 5370 NAVARRE FL 32566 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1982**
3a. Date of Last Report: **03/16/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEAD, RICHARD
8459 GULF BLVD
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VAS
NAME	MEND, RICHARD
STREET ADDRESS	3761 WHISPERING PINES DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	DEMBEK, DONALD
STREET ADDRESS	422 RIVERBEND DR AZ
CITY-ST-ZIP	CROSSVILLE TN
TITLE	D
NAME	PRIDGEN,-HAROLD
STREET ADDRESS	25 E NINE MILE RD
CITY-ST-ZIP	PENSACOLA FL
TITLE	VS
NAME	STRICKLAND, JOHN
STREET ADDRESS	2740 EDGEWATER DR
CITY-ST-ZIP	NICEVILLE FL
TITLE	T
NAME	RIGLER, CHUCK
STREET ADDRESS	103 E. 11TH ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	☒ Change ☐ Addition
1.2 NAME	COL. CHARLES RIGLER	
1.3 STREET ADDRESS	103 EAST 11TH STREET	
1.4 CITY-ST-ZIP	~~JACKSONVILLE, AL 36265~~	
2.1 TITLE	V. PRES.	☒ Change ☐ Addition
2.2 NAME	KEN GRIFFITH	
2.3 STREET ADDRESS	1517 BACON AVE.	
2.4 CITY-ST-ZIP	~~ANNISTON, AL 36265~~	
3.1 TITLE	TREAS.	☒ Change ☐ Addition
3.2 NAME	MERRILL NEWBILL	
3.3 STREET ADDRESS	GULF BREEZE, FL 32561	
3.4 CITY-ST-ZIP		
4.1 TITLE	SEC	☒ Change ☐ Addition
4.2 NAME	TERESA SHULER	
4.3 STREET ADDRESS	2843 MERRITTS DRIVE	
4.4 CITY-ST-ZIP	BUFORD, GA 30518	
5.1 TITLE	DIR.	☒ Change ☐ Addition
5.2 NAME	RICHARD MEAD	
5.3 STREET ADDRESS	3761 WHISPERING PINES	
5.4 CITY-ST-ZIP	~~PENSACOLA, FL 32504~~	
6.1 TITLE	DIR.	☒ Change ☐ Addition
6.2 NAME	CHARLES R. OLSEN	
6.3 STREET ADDRESS	381 HARBOR PLACE	
6.4 CITY-ST-ZIP	FT. WALTON, FL 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Mead RICHARD T. MEAD 4-25-95 904-939-9117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0072208