

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90129 043 ****61.25

0008754

DOCUMENT # 763109

1. Entity Name

THE BEACH CONDOMINIUMS OWNERS' ASSOCIATION, INC.



Principal Place of Business

**8459 GULF BLVD
NAVARRE BCH FL 32566
US**

Mailing Address

**8459 GULF BLVD
NAVARRE BEACH FL 32566
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2573576**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, LINDA
8138 ESCOLA ST
NAVARRE FL 32566**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 Delete
NAME **PD MILLIGAN, JAMES**
STREET ADDRESS **8993 PEMBROKE ELLIS**
CITY-ST-ZIP **MEMPHIS TN 38133**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T NEWBILL, MERRILL**
STREET ADDRESS **972 GRAND CORAL DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **AT WAGONER, LINDA**
STREET ADDRESS **7740 GULF BLVD.**
CITY-ST-ZIP **NAVARRE BEACH FL 32566**

TITLE Change Addition
NAME **WAGONER, GARY**
STREET ADDRESS **7740 GULF BLVD**
CITY-ST-ZIP **Navarre Beach, FL 32566**

TITLE Delete
NAME **VP STANDLEY, RAYFORD**
STREET ADDRESS **845 ESCONDITAS PLACE**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S MARKS, SHARON**
STREET ADDRESS **1400 FAIRHAVEN DR**
CITY-ST-ZIP **GAUTIER MS 39553**

TITLE Change Addition
NAME **DAN MARKS**
STREET ADDRESS **1400 FAIRHAVEN DR**
CITY-ST-ZIP **Gautier, MS 39553**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

CR2E037 (10/02)