

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770408 (3)
 1. Corporation Name
BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business % GREEN & GREEN 22 E. BALDWIN AVE. BOX 609 DEFUNIAK SPRINGS FL 32433	Mailing Address % GREEN & GREEN 22 E. BALDWIN AVE. BOX 609 DEFUNIAK SPRINGS FL 32433
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 58-1741005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GREEN, WILLIAM H.
22 E. BALDWIN AVENUE
P.O. BOX 609
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 of person filing or registered agent or the corporation) (Signature of Registered Agent required on separate sheet.) (Date)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HANSON, HANS
STREET ADDRESS	1409 GREENVIEW WAY
CITY, ST, ZIP	LAWRENCEVILLE GA 30244
TITLE	PD
NAME	CARNEY, KEN
STREET ADDRESS	494 EMBRY LANE
CITY, ST, ZIP	MARIETTA GA 30066
TITLE	TD
NAME	NAGLER, JERRY
STREET ADDRESS	125 DUNHILL CT.
CITY, ST, ZIP	ATLANTA GA 30328
TITLE	SD
NAME	WHELAN, BARBARA
STREET ADDRESS	3660 AUTUMN RIDGE PKWY
CITY, ST, ZIP	MARIETTA GA 30066
TITLE	OD
NAME	DE ST. AUBIN, RAY
STREET ADDRESS	1230 COTTONWOOD TRAIL
CITY, ST, ZIP	CUMMING GA 30130
TITLE	OD
NAME	HOLTZCLAW, PAUL
STREET ADDRESS	605 PATRICK PLACE
CITY, ST, ZIP	ATLANTA GA

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD
33 STREET ADDRESS	JOE COBB
34 CITY, ST, ZIP	5305 chemin de VIE
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on the 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 in an attachment with an address.

SIGNATURE: *Ken Carney* **KEN CARNEY/Pres.** 4/26/95 404-424-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR