

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90012 020 \*\*\*\*61.25

**DOCUMENT # N00000005086**

1. Entity Name

**BEACHWAY AT NASSAU LAKE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2021 ART MUSEUM DRIVE #210  
 JACKSONVILLE FL 32207**

**2021 ART MUSEUM DRIVE #210  
 JACKSONVILLE FL 32207**

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 **59-3662757**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6.- Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTONOPOULOS, MICHAEL  
 2021 ART MUSEUM DRIVE #210  
 JACKSONVILLE FL 32207**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ANTONOPOULOS, MICHAEL</b>	
STREET ADDRESS	<b>2021 ART MUSEUM DRIVE #210</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWELL, WILLIAM R</b>	
STREET ADDRESS	<b>POST OFFICE BOX 60 - ORTEGA STATION</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RASO, TONY</b>	
STREET ADDRESS	<b>3840 CROWN POINT ROAD #C</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

1/10/02

404 396 5583

Date

Daytime Phone #

CR2E037 (9/01)