

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# N00000005086

Entity Name: BEACHWAY AT NASSAU LAKE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 SR 200  
YULEE, FL 33097

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1987  
YULEE, FL 320411987

**New Mailing Address:**

FEI Number: 59-3662757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT SYSTEMS INC.  
463499 SR 200  
YULEE, FL 32097      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: AHL, WILLIAM L  
Address: 96061 INLET COVE CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD ( ) Delete  
Name: GASKILL, GARY  
Address: 966 S PARLIAMENT DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D (X) Delete  
Name: DRAKE, PAUL D  
Address: 96842 ARRIGO DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD (X) Delete  
Name: EVANS, DOT  
Address: 9614 CAUSEWAY PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D (X) Delete  
Name: WEBB, GARY  
Address: 9676 CAUSEWAY PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: AHL, WILLIAM L  
Address: 96061 INLET COVE CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRELL J POWELL

RA

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date