

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 046 ****61.25

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DOCUMENT # N00000005086

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



Principal Place of Business
**2021 ART MUSEUM DRIVE #210
JACKSONVILLE FL 32207**

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

11041454



2. Principal Place of Business
2215 E SR 200
Suite, Apt. #, etc.

3. Mailing Address
P O Box 1987
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Yulee FL
Zip
32097
Country
US

City & State
Yulee FL
Zip
32041-1987
Country
US

4. FEI Number **59-3662757**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANTONOPOULOS, MICHAEL
2021 ART MUSEUM DRIVE #210
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
Name **Powell Terrell J**
Street Address (P.O. Box Number is Not Acceptable)
2215 E SR 200
City **Yulee** FL Zip Code **32097**

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 *Terrell J. Powell* *Terrell J. Powell* *5-1-03*
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 Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD massengill, Tony L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23705 Arrigo Blvd Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Webb, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9676 Causeway Place Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gaskill, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 96650 Parliament Dr. Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anthony M. ...* *President* *4-17-03* *904-321-0077*

CR2E037 (10/02)