## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000025

Entity Name: BEACHSIDE VILLAS I.R.B.C.A., INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1412 GULF BLVD.

INDIAN ROCK BEACH, FL 33785

Current Mailing Address: New Mailing Address:

19534 GULF BLVD. SUITE 202

INDIAN ROCKS BEACH, FL 33785

FEI Number: 59-3688669 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMITH, WILLIAM F 19534 GULF BLVD. SUITE 202

INDIAN ROCKS BEACH, FL 33785 US

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:

Name:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

() Delete

Title: STD (X) Change ( ) Addition

PAGE, EVELYN V Name: MILLS, MARILYN

Address: 19535 GULF BLVD. - SUITE B Address: 5313 REFLECTIONS BLVD

City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: LUTZ, FL 33558

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 LYONS, ROBERT E
 Name:
 STICKNEY, RONALD

 Address:
 PO BOX 152
 Address:
 1412 GULF BLVD #203A

City-St-Zip: LARGO, FL 33779 City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: LYONS, J T Name: PAGE, EVELYN

Address: 1500 GULF BLVD 102B Address: 20001 GULF BLVD SUITE 5
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARILYN MILLS STD 04/29/2004