

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

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# N01000000025

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

**Current Principal Place of Business:**

1412-1500 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19534 GULF BLVD.  
SUITE 202  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

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

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

SMITH, WILLIAM F  
19534 GULF BLVD.  
SUITE 202  
INDIAN ROCKS BEACH, FL 33785 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: SD ( ) Delete  
Name: MILLS, MARILYN  
Address: 5313 REFLECTIONS BLVD  
City-St-Zip: LUTZ, FL 33558

Title: PD ( ) Delete  
Name: STICKNEY, RONALD  
Address: 55 BROOKVIEW ROAD  
City-St-Zip: WINDHAM, NH 03051

Title: VPD ( ) Delete  
Name: WOLF, JOSEPH  
Address: P.O. BOX 61  
City-St-Zip: SUGAR GROVE, IL 60554

Title: T (X) Delete  
Name: BODIKER, ARTHUR  
Address: 34 W. MCPHERSON STREET  
City-St-Zip: DAYTON, OH 45405

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

Title: STD (X) Change ( ) Addition  
Name: MILLS, MARILYN  
Address: 5313 REFLECTIONS BLVD  
City-St-Zip: LUTZ, FL 33558

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 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: RON STICKNEY

PD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date