

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000025

FILED
Apr 25, 2003
Secretary of State

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

Current Principal Place of Business:

1412 GULF BLVD.
INDIAN ROCK 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: PD () Delete
Name: PAGE, EVELYN V
Address: 19535 GULF BLVD. - SUITE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD () Delete
Name: LYONS, ROBERT E
Address: PO BOX 152
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: MERRILL, SEARING
Address: 3322 N. SAN MIGUEL STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PAGE, EVELYN V
Address: 19535 GULF BLVD. - SUITE B
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

Title: PD (X) Change () Addition
Name: LYONS, J T
Address: 1500 GULF BLVD 102B
City-St-Zip: INDIAN ROCKS BEACH, 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: ROBERT E LYONS

VPD

04/25/2003

Electronic Signature of Signing Officer or Director

_____ Date