

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90026 015 ****61.25

DOCUMENT # N01000004627

1. Entity Name
 ONE BEACH CLUB DRIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 15000 EMERALD COAST PARKWAY
 DESTIN, FL 32541

Mailing Address
 15000 EMERALD COAST PARKWAY
 DESTIN, FL 32541

2. Principal Place of Business
 1 Beach Club Drive
 Suite, Apt. #, etc.

3. Mailing Address
 1 Beach Club Dr.
 Suite, Apt. #, etc.

City & State
 Destin, Florida

City & State
 Destin, Florida

Zip
 32550

Country
 USA

Zip
 32550

Country
 USA



01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
 01-0605651

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL NORTH SUITE 300
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name: Michael T. Benz
 Street Address (P.O. Box Number is Not Acceptable):
 150 Azalea Dr.
 City: Destin FL Zip Code: 32541

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: *[Signature]* DATE: 3.26.04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JERRY		NAME	Allen Boudreaux	
STREET ADDRESS	1 BEACH CLUB DR #903		STREET ADDRESS	4628 FOLSE DRIVE	
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP	Metairie, LA 70006	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, RODNEY		NAME	Judy Christman	
STREET ADDRESS	15000 EMERALD COAST PARKWAY		STREET ADDRESS	1 Beach Club Drive, #1201	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	Destin, FL 32550	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAUX, ALLEN JR		NAME		
STREET ADDRESS	4628 FOLSE DR		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA 70006		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE: 3.26.2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #