

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90086 018 ****61.25

DOCUMENT # N01000004627
 1. Entity Name
ONE BEACH CLUB DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1 BEACH CLUB DRIVE 1 BEACH CLUB DRIVE
 DESTIN FL 32550 DESTIN FL 32550

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Barcode
 1st MOORE CR2E037 (10/04)

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
BENZ, MICHAEL T
150 AZALEA DR.
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name Lisa M. Thomas
 Street Address (P.O. Box Number is Not Acceptable)
#1 One Beach Club Drive
 City Mirimar Beach FL Zip Code 32550

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. LISA M. THOMAS
 SIGNATURE Lisa M. Thomas Association Manager abc 03/18/05
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
Due By May 1, 2005

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	P <input checked="" type="checkbox"/> Delete
NAME	BOUDREAU, ALLEN
STREET ADDRESS	4628 FOLSE DR.
CITY-ST-ZIP	METAIRIE LA 70006
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	OLSEN, RODNEY
STREET ADDRESS	15000 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN FL 32541
TITLE	DV <input type="checkbox"/> Delete
NAME	BOUDREAU, ALLEN, JR.
STREET ADDRESS	4628 FOLSE DR
CITY-ST-ZIP	METAIRIE LA 70006
TITLE	DV <input type="checkbox"/> Delete
NAME	CHRISTMAN, JUDY
STREET ADDRESS	1 BEACH CLUB DR., #1201
CITY-ST-ZIP	DESTIN FL 32550
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Willis
STREET ADDRESS	1 Beach Club Drive # 502
CITY-ST-ZIP	Destin FL 32550
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Lea
STREET ADDRESS	18939 St. Clare Drive
CITY-ST-ZIP	Baton Rouge LA 70810
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Samples
STREET ADDRESS	1343 Marie Ha Country Club Dr.
CITY-ST-ZIP	Kennesaw, GA 30152

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: Judy Christman PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 03/22/05 Daytime Phone #: 851-264-4110