


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 027 ****61.25

DOCUMENT # N01000004658

1. Entity Name
ONE BEACH CLUB DRIVE PROPERTY OWNERS 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 Drive, #1

Suite, Apt. #, etc.

City & State
Sandestin, Florida


City & State
Sandestin, Florida

Zip
32550

Country
USA

Zip
32550

Country
USA



01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
04-3605471

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 **Darla Grimm**

Street Address (P.O. Box Number is Not Acceptable)
1 Beach Club Dr.

City **Sandestin** 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.

SIGNATURE **Darla Grimm** DATE **4/23/04**

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECNEL, THOMAS R	
STREET ADDRESS	15000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCOOK, IAN	
STREET ADDRESS	9300 HIGHWAY 98 WEST	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, RODNEY	
STREET ADDRESS	15000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Boudreaux	
STREET ADDRESS	4628 Folsce Drive	
CITY-ST-ZIP	Metairie, LA 70006	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Willis	
STREET ADDRESS	3763 Rogers Bridge Road	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Christman	
STREET ADDRESS	1 Beach Club Drive, #1201	
CITY-ST-ZIP	Sandestin, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Judith H. Christman** **JUDITH H. CHRISTMAN** 04/20/04 850-269-4110

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