


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90027 020 ****61.25

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DOCUMENT # N03000007772			
1. Entity Name THE BEACH RETREAT OWNERS ASSOCIATION, INC.			
Principal Place of Business 12815 HIGHWAY 98 WEST SUITE 100 DESTIN, FL 32550		Mailing Address 12815 HIGHWAY 98 WEST SUITE 100 DESTIN, FL 32550	
2. Principal Place of Business		3. Mailing Address PO Box 1779	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Destn FL	
Zip	Country	Zip 32540	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, LORETTA W CAM 12815 HIGHWAY 98 WEST SUITE 100 DESTIN, FL 32550		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDEMANN, LYLE	NAME	
STREET ADDRESS	4009 OAK RIDGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE, IL 60012	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERONE, AL	NAME	
STREET ADDRESS	109 CHITIENDON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TUCKAHOE, NY 10707	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, SHERRY	NAME	
STREET ADDRESS	413 WINDJAMMER COURT	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MICHELLE	NAME	
STREET ADDRESS	1380 LAKE HILLS ROAD	STREET ADDRESS	
CITY-ST-ZIP	AUBURN, AL 36830	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGROVE, RON	NAME	
STREET ADDRESS	1362 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FLORALA, AL 36442	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: <i>Lyle Merone</i>		Date: 3/1/05	Daytime Phone #: 850-837-1071
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			