


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90148 035 \*\*\*\*61.25

**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  
**P.O. BOX 17779  
 DESTIN, FL 32540**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1779**  
 Suite, Apt. #, etc.

City & State  
**Miramar Beach, FL**

City & State  
 City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

**6. Name and Address of Current Registered Agent**

**SMITH, LORETTA W CAM  
 12815 HIGHWAY 98 WEST  
 SUITE 100  
 DESTIN, FL 32550**

**40068166**



04072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-0408273**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **Miramar Beach** State **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 \_\_\_\_\_ DATE \_\_\_\_\_

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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P HEIDEMANN, LYLE 4009 OAK RIDGE CIRCLE CRYSTAL LAKE, IL 60012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MERONE, AL 109 CHITIENDON AVENUE TUCKAHOE, NY 10707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MCDANIEL, SHERRY 413 WINDJAMMER COURT DESTIN, FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACKSON, MICHELLE 1380 LAKE HILLS ROAD AUBURN, AL 36830</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Quirke, Marjorie 7425 Ledgewood Way Suwanee, GA 30024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Merone, AL 109 Chitiendon Ave. Tuckahoe, NY 10707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. McDaniel, Sherry 5 Calhoun Ave. Unit # 407 Destin, FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Treas. Doyle, Mike 11619 Riparian Drive Naperville, IL 60565</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Kelley, Jackie 4009 Oak Ridge Circle Crystal Lake, IL 60012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4-13-06** **850 837-1071**

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