

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08678** (7)

1. Corporation Name  
**BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
80 BEACHWOOD VILLAS LOOP NORTH SEAGROVE BEACH FL 32459 US	50 BEACHWOOD VILLAS LOOP NORTH SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/12/1985</b>	3a. Date of Last Report <b>06/13/1994</b>
4. FEI Number <b>59-2549854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**GURSKÉ, ROBERT F.  
82 BEACHWOOD VILLAS  
LOOK NORTH 10-G  
SEAGROVE BEACH FL 32459**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SERA, CHERYL</b>
STREET ADDRESS	<b>24 SOMERSET BRIDGE ROAD 4-B</b>
CITY-ST-ZIP	<b>SEAGROVE BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>CASTELL, PERRY</b>
STREET ADDRESS	<b>107 NORFOLK AVENUE</b>
CITY-ST-ZIP	<b>TROY AL</b>
TITLE	<b>SD</b>
NAME	<b>KNOWLES, DONALD</b>
STREET ADDRESS	<b>HIGHSAY 30A LBWV 12-3</b>
CITY-ST-ZIP	<b>SEAGROVE BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>MONGOVEN, WILLIAM</b>
STREET ADDRESS	<b>105 EARL GILBERT RD.</b>
CITY-ST-ZIP	<b>CHIPLEY FL</b>
TITLE	<b>TD</b>
NAME	<b>NEISON, ROGER</b>
STREET ADDRESS	<b>POST OFFICE BOX 4716 N/A</b>
CITY-ST-ZIP	<b>SEAGROVE BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>GUESKE, ROBERT F</b>
STREET ADDRESS	<b>82 BEACHWOOD VILLAS, LOOP N 10-G</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BRUCE, NANCY</b>
1.3 STREET ADDRESS	<b>7870 Jolain Dr.</b>
1.4 CITY-ST-ZIP	<b>Cincinnati, OH 45242</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOLLY, Charles</b>
2.3 STREET ADDRESS	<b>104 N. Rosebud Ln.</b>
2.4 CITY-ST-ZIP	<b>Starkville, MS 39759</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>REITZ, William</b>
3.3 STREET ADDRESS	<b>3604 Summerhill Ct.</b>
3.4 CITY-ST-ZIP	<b>Montgomery, AL 36111</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KNOWLES, Donald</b>
6.3 STREET ADDRESS	<b>3335 E. C-30A</b>
6.4 CITY-ST-ZIP	<b>Santa Rosa Beach, FL 32459</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald A. Knowles (PRES.) 4/27/95 (904) 231-2925

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