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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08678 (7)

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



Principal Place of Business 3799 EAST C-30-A SEAGROVE BEACH FL 32459 US	Mailing Address 3799 EAST C30-A SANTA ROSA FL 32459 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/12/1985	3a. Date of Last Report 04/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2549854	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GURSKIE, ROBERT F.
3799 EAST C30-A UNIT 10G
LOOK NORTH 10-G
SEAGROVE BEACH FL 32459**

10. Name and Address of New Registered Agent

B1 Name Garrett Realty Services, Inc.
B2 Street Address (P.O. Box Number is Not Acceptable) 3723 East C30A
B3
B4 City Seagrove Beach FL
B5 Zip Code 32459

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Teresa Deal* **Teresa Deal** DATE **3/26/1997**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GURSKIE, ROBERT	
STREET ADDRESS	3799 EAST C30-A UNIT 10-G	
CITY-ST-ZIP	SANTA ROSA BEACH F	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REITZ, WILLIAM	
STREET ADDRESS	3604 SUMMERHILL CT.	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONGOVEN, WILLIAM	
STREET ADDRESS	105 EARL GILBERT RD.	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEISON, ROGER	
STREET ADDRESS	POST OFFICE BOX 4716 N/A	
CITY-ST-ZIP	SEAGROVE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNOWLES, DONALD	
STREET ADDRESS	3335 E. C-30A	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Reitz/ William
2.3 STREET ADDRESS	3604 Summerhill Court
2.4 CITY-ST-ZIP	Montgomery, AL 36111
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Nelson, Roger
4.3 STREET ADDRESS	P.O. Box 4716 N/A
4.4 CITY-ST-ZIP	Seagrove Beach, FL 32459
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Match, John
5.3 STREET ADDRESS	136 Lake Pointe Drive
5.4 CITY-ST-ZIP	Seagrove Beach, FL 32459
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Layne, Jerome
6.3 STREET ADDRESS	7618 Prairie Drive
6.4 CITY-ST-ZIP	Greenwell Springs, LA 70739

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

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CR2E037 (9/96)