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FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3789 EAST C-30-A SEAGROVE BEACH FL 32459 US	Mailing Address 3789 EAST C30-A SANTA ROSA FL 32459 US
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3. Date Incorporated or Qualified 04/12/1985
4. FEI Number 59-2549854
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**GARRETT REALTY SERVICES INC
 3723 EAST C30A
~~1000 NORTH 10-G~~
 SEAGROVE BCH FL 32459**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL 85 Zip Code

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 *TERESSA DEAL* **TERESSA DEAL AGENT MGR 3-16-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GURSKE, ROBERT	
STREET ADDRESS	3789 EAST C30-A UNIT 10-G	
CITY-ST-ZIP	SANTA ROSA BEACH F	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REITZ, WILLIAM	
STREET ADDRESS	3804 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	SD	<input type="checkbox"/> DELETE
NAME	NEISON, ROGER	
STREET ADDRESS	PO BOX 4716 N/A	
CITY-ST-ZIP	SEAGROVE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATCH, JOHN	
STREET ADDRESS	136 LAKE POINTE DRIVE	
CITY-ST-ZIP	SEAGROVE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAYNE, JEROME	
STREET ADDRESS	7618 PRAIRIE DRIVE	
CITY-ST-ZIP	GREENWELL SPRGS LA	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	TO
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, or on an attachment with an address.

SIGNATURE: *TERESSA DEAL* Pres. 3/16/98 850-231-4216

CR2E037 (10/97)