

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08678

1. Entity Name

BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90188 035 ****70.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2549854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT REALTY SERVICES INC
3723 EAST C30A
LOOK NORTH 10-G
SEAGROVE BCH FL 32459

7. Name and Address of New Registered Agent

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.

SIGNATURE: *Julia Arthur* / **JULIA ARTHUR (SECRY-TREAS FOR GARRETT REALTY SVCS, INC)**
 (NOTE: Registered Agent signature required when reinstating) DATE: **4/13/00**

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURSKE, ROBERT 3799 EAST C30-A UNIT 10-G SANTA ROSA BEACH F	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONGOVEN, WILLIAM 105 EARL GILBERT RD. CHIPLEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEISON, ROGER PO BOX 4716 N/A SEAGROVE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATICH, JOHN 138 LAKE POINTE DRIVE SEAGROVE BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAYNE, JEROME 7618 PRAIRIE DRIVE GREENWELL SPRGS LA	<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	PD BILL MONGOVEN P. O. BOX 187 CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAN STEPP 56 NORTH RAILROAD AVE. MAHWAH; NJ 07430	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DON GLASBRENNER 3799 EAST C30-A, UNIT#1F SEAGROVE BEACH, FL 32459	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEROME LAYNE 7618 PRAIRIE DRIVE GREENWELL SPRINGS, LA 70739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 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: *Bill Mongoven* / **BILL MONGOVEN** president
 Date: **4-10-00** Daytime Phone #: **950 638-0951**

CR2E037 (9/99)