

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90066 025 ****61.25

DOCUMENT # N08678

1. Entity Name

BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

3799 EAST C-30-A
 SEAGROVE BEACH FL 32459
 US

3799 EAST C30-A
 SANTA ROSA FL 32459
 US

00020626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2549854

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MONGOVEN, BILL**
 STREET ADDRESS **P.O. BOX 187**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STEPP, FRAN**
 STREET ADDRESS **56 NORTH RAILROAD AVE**
 CITY-ST-ZIP **MAHWAH NJ 07430**

TITLE Change Addition
 NAME **CD STEPP, FRAN**
 STREET ADDRESS **3799 E. C-30A, #14B**
 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE Delete
 NAME **TD GLASSBRENNER, DON**
 STREET ADDRESS **3799 EAST C30-A, UNIT #1F**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE Change Addition
 NAME **VD WILLIAMS, BRUCE**
 STREET ADDRESS **802 ST. KITTS COVE**
 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE Delete
 NAME **SD LAYNE, JEROME**
 STREET ADDRESS **7618 PRAIRIE DRIVE**
 CITY-ST-ZIP **GREENWELL SPRINGS LA 70739**

TITLE Change Addition
 NAME **CD LAYNE, JEROME**
 STREET ADDRESS **7618 PRAIRIE DRIVE**
 CITY-ST-ZIP **GREENWELL SPRINGS, LA 70739**

TITLE Delete
 NAME **SD LAYNE, JEROME**
 STREET ADDRESS **7618 PRAIRIE DRIVE**
 CITY-ST-ZIP **GREENWELL SPRGS LA**

TITLE Change Addition
 NAME **TD GURSKE, SUE**
 STREET ADDRESS **P. O. BOX 4943**
 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD KELLEY, HAROLD**
 STREET ADDRESS **3074 OAK DRIVE**
 CITY-ST-ZIP **MARIETTA, GA 30066**

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: *Vicki S. Breckin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

850-231-4031
 Daytime Phone #

CR2E037 (10/00)