

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 042 ****70.00

DOCUMENT # N08678

1. Entity Name*

BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

3789 EAST C-30A
 SEAGROVE BEACH FL 32459
 US

Mailing Address

3789 EAST C-30-A
 SANTA ROSA FL 32459
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2549854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARRETT REALTY SERVICES INC
 3723 EAST C30A
 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

Alan S. Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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	<input type="checkbox"/> Delete
PO	MONGOVEN, BILL	P.O. BOX 187	CHIPLEY FL 32428	<input type="checkbox"/>
PO	STEPP, FRAN	3789 E C-30A #14B	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>
TD	GURSKE, SUE	PO BOX 4943	SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/>
PO	LAYNE, JEROME	7618 PRAIRIE DRIVE	GREENWELL SPRINGS LA 70739	<input type="checkbox"/>
VO	WILLIAMS, BRUCE	802 ST KITTS COVE	NICEVILLE FL 32578	<input type="checkbox"/>
SD	KELLEY, HAROLD	3074 OAK DRIVE	MARIETTA GA 30068	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WALTER AUSTIN	3710 RIVER MANSSION DR	DULUTH, GA 30094	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	GURSKE, ROBERT	P.O. Box 4943	SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #