

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 020 ****70.00

DOCUMENT # N08678
 1. Entity 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

20031181



1st MOORE CR2E037 (10/04)

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

4. FEI Number: 59-2549854 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARRETT REALTY SERVICES, INC.
 3723 EAST CR 30A
 SEAGROVE BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Alice Stanley*
 Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GURSKÉ, ROBERT	
STREET ADDRESS	PO BOX 4943	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AUSTIN, WALTER	
STREET ADDRESS	3710 RIVER MANSION DRIVE	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLEY, HAROLD	
STREET ADDRESS	3074 OAK DRIVE	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Gurské	
STREET ADDRESS	P.O. Box 4943	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hal Kelley	
STREET ADDRESS	100 Cassine Way	
CITY-ST-ZIP	Seagrove Beach, FL 32459	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carla Waters	
STREET ADDRESS	208 Lanyard Loop	
CITY-ST-ZIP	peachtree city, GA 30269	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Layne	
STREET ADDRESS	7618 Prairie Drive	
CITY-ST-ZIP	Greenwell, Springs, LA 70739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #