


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90066 002 ****61.25

DOCUMENT # N08678			
1. Entity Name BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.			
Principal Place of Business 3799 EAST COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459 US		Mailing Address 3799 EAST COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2549854	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEA BREEZE ASSOCIATION MANAGEMENT COMPANY 180 CULLMAN AVENUE SEAGROVE BEACH, 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	R KELLEY, HAROLD 100 CASSINE WAY SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Karoline Brennan 2425 Robert Nash Ct. Tucker, GA 30084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOUNT, ANNE PO BOX 1111 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TARVER, LOYD 180 CULLMAN AVE SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Melody Abraham 110 Woodmoor Dr. Newnan, GA 30263 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAYNE, JERRY 7618 PRAIRE DR GREENWELL SPRINGS, LA 70739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Patrick Angers 2040 Howard Cir. NE Atlanta, GA 30307 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cynthia Griggs 1630 LaGrange Rd. Freeport, FL 32439 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Loyd Tarver</i>		Date: <i>2/9/07</i> Daytime Phone #: <i>850-231-2100</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40013640



02092007 Chg-NP CR2E037 (12/06)

ATTACHMENT
40013249
#N08678
ADDENDUM TO

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N08678

BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

11. CONTINUED

Title:	Director	Addition
Name:	Julia Bizzoso	
Street Address:	400 Sweet Apple Cir.	
City - St - Zip:	Alpharetta, GA 30004	

SIGNATURE Loyd Tarver Loyd Tarver 2/9/2007