


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90060 009 ****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		02152008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-2549854	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEA BREEZE ASSOCIATION MANAGEMENT COMPANY 180 CULLMAN AVENUE 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input type="checkbox"/> Delete	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRENNON, KAROLINE	NAME			
STREET ADDRESS	2425 ROBERT NASH CT.	STREET ADDRESS			
CITY-ST-ZIP	TUCKER, GA 30084	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOUNT, ANNE	NAME	Julie Bizzoso		
STREET ADDRESS	PO BOX 1111	STREET ADDRESS	400 Sweet Apple Circle		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	Alpharetta, GA 30004		
TITLE	VP <input type="checkbox"/> Delete	TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAHAM, MELODY	NAME			
STREET ADDRESS	110 WOODMOOR DR	STREET ADDRESS			
CITY-ST-ZIP	NEWNAN, GA 30263	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAYNE, JERRY	NAME			
STREET ADDRESS	7618 PRAIRE DR	STREET ADDRESS			
CITY-ST-ZIP	GREENWELL SPRINGS, LA 70739	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANGERS, PATRICK	NAME	Cynthia Lewis		
STREET ADDRESS	2040 HOWARD CR. NE	STREET ADDRESS	3200 Adwood Drive		
CITY-ST-ZIP	ATLANTA, GA 30307	CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	D <input type="checkbox"/> Delete	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIGGS, CYNTHIA	NAME			
STREET ADDRESS	1630 LAGRENCE RD	STREET ADDRESS			
CITY-ST-ZIP	FREEMPORT, FL 32439	CITY-ST-ZIP			
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: <u>Cynthia C. Griggs</u> <u>Cynthia C. Griggs</u> <u>2/22/08</u> <u>850 835-1630</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					