

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08678

FILED
Mar 16, 2009
Secretary of State

Entity Name: BEACHWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3799 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

3799 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2549854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEA BREEZE ASSOCIATION MANAGEMENT COMPANY
180 CULLMAN AVENUE
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 US

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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BRENNON, KAROLINE
Address: 2425 ROBERT NASH CT.
City-St-Zip: TUCKER, GA 30084

Title: DS () Delete
Name: BIZZOSO, JULIE
Address: 400 SWEET APPLE CIR
City-St-Zip: ALPHARETTA, GA 30004

Title: DT () Delete
Name: ABRAHAM, MELODY
Address: 110 WOODMOOR DR
City-St-Zip: NEWNAN, GA 30263

Title: DP () Delete
Name: LAYNE, JERRY
Address: 7618 PRAIRE DR
City-St-Zip: GREENWELL SPRINGS, LA 70739

Title: DV () Delete
Name: LEWIS, CYNTHIA
Address: 3200 ADWOOD DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV () Delete
Name: GRIGGS, CYNTHIA
Address: 1630 LAGRENCE RD
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date