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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthgm . . .
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31580 (6)
1. Corporation Name
BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1550 S OCEAN DR UNIT B-8 FT PIERCE FL 34949 US

3. Date Incorporated or Qualified 04/07/1989
4. FEI Number 65-0128950 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
STIGLIN, JOHN
1550 S OCEAN DR
UNIT B-8
FT PIERCE FL 34949

10. Name and Address of New Registered Agent
81 Name VAL JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 1550 S. OCEAN DR. UNIT A-1
83
84 City FT PIERCE FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Valerie Johnson DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VALERIE	
STREET ADDRESS	1550 S. OCEAN DR., UNIT A-1	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VALERIE	
STREET ADDRESS	1550 S OCEAN DR., UNIT A-1	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEIMEIER, DON	
STREET ADDRESS	1550 S. OCEAN DR. C-18	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STIGLIN, JOHN	
STREET ADDRESS	1550 S. OCEAN DR., UNIT B-8	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD. NEIMEIER, GAYLE
3.3 STREET ADDRESS	1550 S. OCEAN DR C-18
3.4 CITY-ST-ZIP	FT PIERCE, FL 34949
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD. NEIMEIER, DON
4.3 STREET ADDRESS	1550 S. OCEAN DR C-18
4.4 CITY-ST-ZIP	FT. PIERCE, FL 34949
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Valerie Johnson 3-16-98 (56) 465 4463

CR2E037 (10/97)