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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31580

1. Corporation Name

BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

10/7/01 - 30057 - 44

Principal Place of Business

1550 S OCEAN DR
UNIT B-8 UNIT A-1
FT PIERCE FL 34949
US

Mailing Address

1550 S OCEAN DR
UNIT B-8 UNIT A-1
FT PIERCE FL 34949
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

JOHNSON, VALERIE
1550 S OCEAN DR
UNIT A-1
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 Valeri Johnson TD

1-9-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD DELETE
NAME JOHNSON, VALERIE
STREET ADDRESS 1550 S. OCEAN DR., UNIT A-1
CITY-ST-ZIP FT. PIERCE FL

TITLE TD DELETE
NAME JOHNSON, VALERIE
STREET ADDRESS 1550 S OCEAN DR., UNIT A-1
CITY-ST-ZIP FT. PIERCE FL

TITLE SD DELETE
NAME NEIMEIER, GAYLE
STREET ADDRESS 1550 S. OCEAN DR. C18
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE PD DELETE
NAME NEIMEIER, DON
STREET ADDRESS 1550 S. OCEAN DR. C-18
CITY-ST-ZIP FT PIERCE FL 34949

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME Jim Kelley
1.3 STREET ADDRESS 22 Robins Nest Lane
1.4 CITY-ST-ZIP Westchester, PA 19382

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME Lisa Miller
3.3 STREET ADDRESS 125 CROWNS PT. CIRCLE
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE Change Addition
4.2 NAME Drew Miller
4.3 STREET ADDRESS 125 CROWNS PT. CIRCLE
4.4 CITY-ST-ZIP Longwood, FL 32779

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Valeri Johnson REQUIRED

1-9-99

(561) 465-4463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)