

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 035 ****61.25



DOCUMENT # N31580

1. Entity Name
BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**1550 S OCEAN DR
 FT PIERCE, FL 34949 US**

Mailing Address
**1913 EUCALYPTUS AVENUE
 FT PIERCE, FL 34949 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0128950

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABRERA, JOHN
 1913 EUCALYPTUS AVENUE
 FT PIERCE, FL 34949**

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, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$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 PR Delete
 NAME CABRERA, JOHN
 STREET ADDRESS 1913 EUCALYPTUS AVE.
 CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SHARRON, LAURIE
 STREET ADDRESS 1550 S OCEAN DR., UNIT C-19
 CITY-ST-ZIP FT. PIERCE, FL

TITLE TD Change Addition
 NAME Sharron, Laurie
 STREET ADDRESS 1550 S Ocean Dr. unit C18
 CITY-ST-ZIP FT Pierce, FL 34949

TITLE SD Delete
 NAME EGAN, PAUL
 STREET ADDRESS 145 N. HALIFAX AVE
 CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE SD Change Addition
 NAME Egan, David
 STREET ADDRESS 145 N. Halifax Ave
 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE VP Delete
 NAME TYSON, WILLIAM L
 STREET ADDRESS 1550 S. OCEAN DRIVE D-22
 CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Laurie Sharron*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07
 Date

305-305-6108
 Daytime Phone #