


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90025 011 ****61.25

DOCUMENT # N39087
1. Entity Name
BEACHSIDE NEIGHBORHOOD WATCH, INC.



Principal Place of Business Mailing Address
P.O. BOX 3201 P.O. BOX 3201
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3026450 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HECKMAN, FRANK P., III
46 S. OLEANDER AVE
DAYTONA BEACH FL 32118

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HECKMAN, FRANK P., III	
STREET ADDRESS	46 S. OLEANDER AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, WILLIAM B	
STREET ADDRESS	435 N. GRANDVIEW AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SCHULTE, GLENDA J	
STREET ADDRESS	505 SILVER BEACH AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 3211	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, BETTY	
STREET ADDRESS	3 FOUNTAIN BLEU CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUER, PAM	
STREET ADDRESS	444 SEABREEZE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Frank P. Heckman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 FEB 04 381255 4976
Date Daytime Phone #