

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90004 030 ****61.25

DOCUMENT # N39087

1. Entity Name
 BEACHSIDE NEIGHBORHOOD WATCH, INC.



Principal Place of Business
 46 S. OLEANDER AVE
 DAYTONA BEACH, FL 32118

Mailing Address
 P.O. BOX 263201
 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

05262006 Chg-NP CR2E037 (4/06)



4. FEI Number
 59-3026450

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HECKMAN, FRANK P
 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

Frank P. Heckman

6-8-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

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	C	<input type="checkbox"/> Delete
NAME	HECKMAN, FRANK P	
STREET ADDRESS	46 S. OLEANDER AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VC	<input type="checkbox"/> Delete
NAME	LANE, WILLIAM B	
STREET ADDRESS	435 N. GRANDVIEW AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	STEPHENS, BETTY	
STREET ADDRESS	1494 N PENNINSULA DR.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, VIRGINIA	
STREET ADDRESS	1 BRADOCK AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

Frank P. Heckman

Date

Daytime Phone #

6-8-06 386-

255-4976