1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004679

BEACHSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O AMELIA ISLAND MANAGEMENT PO BOX 3000

Mailing Address

C/O AMELIA ISLAND MANAGEMENT

PO BOX 3000

FILED Mar 16, 1999 8:00 am § Secretary of State

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amelia islan	ID FL 32035-1307	AMELIA ISLAND FL 32035	5-1307			8811)
2. Principal Place of Business		2a. Mailing Address			3. Date incorporated or Qualifed 08/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Applied For
		27			59-3467679	Not Applicable
City & State City & Sta		City & State	ty & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent
			8	Name		
GREGORY, DAVID			[8	82 Street Address (P.O. Box Number is Not Acceptable)		
	SLAND PLANTATION St coast hwy**************	***	1	13	· .	
AMELIA ISLAND FL 32034			1	34 City	· • • • • • • • • • • • • • • • • • • •	85 Zip Code
11 0	to the provinces of Sections 617 0502	and 617 1508 Florida Statut	tes the sh	ve-named cor	poration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	af Florida. Such change was a	autnorizea i	ov the corporat	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		gent signature requi	red when reinstating) DATE	
12.	OFFICERS AND	******	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TiTL	E		Change Addition
NAME	BRAY, S. NORMAN		1.2 NAM	E		•
STREET ADDRESS	PO BOX 3000 N/A		1.3 STR	EET ADDRESS		,
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307		1.4 CiTY	-ST-ZIP		
TITLE	VO	☐ DELETE	2.1 TITL	E		☐ Change ☐ Addition
NAME	MOORE, WILLIAM R		2.2 NAM	E		:
STREET ADDRESS	PO BOX 3000 N/A		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307		2. 4 CIT	r-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITL	E .		Change Addition
NAME	PALMISANO, LAURA		3.2 NAW	E		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	PO BOX 3000 N/A		3.3 STR	EET ADORESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307		3.4. CIT	/-ST-ZIP		
TITLE	AS	₩ DELETE	4.1 TITL	E	D BROOME, RODY	☐ Change ☐ Addition
NAME	COMMANDER, CHARLES E		4, 2 NA	AE	409 BEACHSIDE PLACE	
STREET ADDRESS	PO BOX 3000 N/A		4.3 STR	EET ADDRESS	AMELIA ISLAND, FL 32034	
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307		4,4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS	1			EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	6.1 TI3L	1		☐ Change ☐ Addition
NAME		4	6.2 NAM			
STREET ADDRESS	;]		6.3 STR	EET ADORESS		
	1		A4 CID	CT 710		

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 rederiver 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:

S. NORMAN BRAY

(904) 277-5100