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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000004679

1. Corporation Name BEACHSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: C/O AMELIA ISLAND MANAGEMENT, PO BOX 3000, AMELIA ISLAND FL 32035-1307. Mailing Address: C/O AMELIA ISLAND MANAGEMENT, PO BOX 3000, AMELIA ISLAND FL 32035-1307.



2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (08/18/1997), 4. FEI Number (59-3467679), 5. Certificate of Status Desired, 6. Election Campaign Financing.

9. Name and Address of Current Registered Agent: GREGORY, DAVID, AMELIA ISLAND PLANTATION, 3000 FIRST COAST HWY, AMELIA ISLAND FL 32034. 10. Name and Address of New Registered Agent.

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.

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes entries for PD BRAY, S. NORMAN, VD MOORE, WILLIAM R, STD PALMISANO, LAURA, AS COMMANDER, CHARLES E, and D BROOME, RODY.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: S. NORMAN BRAY 03/04/99 (904) 277-5100. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Daytime Phone #

CR2E037 (11/98)