

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90081 033 ****61.25

DOCUMENT # N97000004679

1. Entity 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 32035-3000

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467679

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

GREGORY, DAVID
AMELIA ISLAND PLANTATION
3000 FIRST COAST HWY*****
AMELIA ISLAND FL 32034

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: BRAY, S. NORMAN
 STREET ADDRESS: PO BOX 3000 N/A
 CITY-ST-ZIP: AMELIA ISLAND FL 32035-1307
 Delete

TITLE: VD
 NAME: NICHOLSON, NICK
 STREET ADDRESS: 414 BEACHSIDE PLACE
 CITY-ST-ZIP: AMELIA ISLAND, FL 32034
 Change Addition

TITLE: VD
 NAME: MOORE, WILLIAM R
 STREET ADDRESS: PO BOX 3000 N/A
 CITY-ST-ZIP: AMELIA ISLAND FL 32035-1307
 Delete

TITLE: VD
 NAME: ATWOOD, CAROL ANN
 STREET ADDRESS: 436 BEACHSIDE PLACE
 CITY-ST-ZIP: AMELIA ISLAND, FL 32034
 Change Addition

TITLE: STD
 NAME: PALMISANO, LAURA
 STREET ADDRESS: PO BOX 3000 N/A
 CITY-ST-ZIP: AMELIA ISLAND FL 32035-1307
 Delete

TITLE: SD
 NAME: FILBERT, BILL
 STREET ADDRESS: 447 BEACHSIDE PLACE
 CITY-ST-ZIP: AMELIA ISLAND, FL 32034
 Change Addition

TITLE: D
 NAME: BROOME, RODY
 STREET ADDRESS: 409 BEACHSIDE PLACE
 CITY-ST-ZIP: AMELIA ISLAND FL 32034
 Delete

TITLE: PD
 NAME: RIVES, ROBERT
 STREET ADDRESS: 458 BEACHSIDE PLACE
 CITY-ST-ZIP: AMELIA ISLAND, FL 32034
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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: ~~SIGNATURE REQUIRED~~ RODY BROOME

3/01/00 904/321-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #