

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90048 003 ****61.25

0006530

DOCUMENT # N97000004679

1. Entity Name

BEACHSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O AMELIA ISLAND MANAGEMENT
 PO BOX 3000
 AMELIA ISLAND FL 32035-1307

C/O AMELIA ISLAND MANAGEMENT
 PO BOX 3000
 AMELIA ISLAND FL 32035-1307

00034998



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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **TD FILBERT, WILLIAM**
 STREET ADDRESS **447 BEACHSIDE PLACE**
 CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

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

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

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

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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

02/05/01

904/321-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)