


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 027 ****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 32035-1307**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3467679

Applied For
 Not Applicable

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



01062004 Chg-NP CR2E037 (10/03)

6- Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2004**

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	TD	<input type="checkbox"/> Delete
NAME	FILBERT, WILLIAM	
STREET ADDRESS	447 BEACHSIDE PL	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVES, ROBERT	
STREET ADDRESS	458 BEACHSIDE PL	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSNAK, AL	
STREET ADDRESS	425 BEACHSIDE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARDIA, STEPHEN	
STREET ADDRESS	413 BEACHSIDE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholson, Nick	
STREET ADDRESS	414 Beachside Place	
CITY-ST-ZIP	Amelia Island, FL 32034	
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 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: Stephen Ardia, President **Date:** 2/20/04 **Daytime Phone #:** 904-491-0268