


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 026 \*\*\*\*61.25

<b>DOCUMENT # N97000004679</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Hall, Anne W. (Robin)	
NAME	FILBERT, WILLIAM	NAME	441 Beachside Place	Amelia Island, FL 32034	
STREET ADDRESS	447 BEACHSIDE PL	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVES, ROBERT	NAME			
STREET ADDRESS	458 BEACHSIDE PL	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSNAK, AL	NAME			
STREET ADDRESS	425 BEACHSIDE	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Schiebler, Gerold L., M.D.	
NAME	ARDIA, STEPHEN	NAME	408 Beachside Place	Amelia Island, FL 32034	
STREET ADDRESS	413 BEACHSIDE	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	NICHOLSON, NICK	NAME			
STREET ADDRESS	414 BEACHSIDE PLACE	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOME, CHERYL	NAME			
STREET ADDRESS	409 BEACHSIDE	STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date: 3/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	