


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 035 ****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**

40064516



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

02092007 Chg-NP CR2E037 (12/06)

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**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | HALL, ANN W | |
| STREET ADDRESS | 441 BCHSIDE PL | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RIVES, ROBERT | |
| STREET ADDRESS | 458 BEACHSIDE PL | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RUSNAK, AL | |
| STREET ADDRESS | 425 BEACHSIDE | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHIEBLER, GEROLD L MD | |
| STREET ADDRESS | 408 BCHSIDE PL | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BROOME, CHERYL | |
| STREET ADDRESS | 409 BEACHSIDE | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <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 | 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 | VTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Shaw, James | |
| STREET ADDRESS | 405 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 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: _____ **2/24/07** **9044913216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #