

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24552** (4)
1. Corporation Name

BEACHWALK OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
17751 BACK BEACH ROAD — PANAMA CITY BCH. FL 32413 **17751 BACK BEACH ROAD — PANAMA CITY BCH. FL 32413**

3. Date Incorporated or Qualified 01/28/1988	3a. Date of Last Report 04/13/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 17751 Panama City Beh. Pkwy.	2a. Mailing Address 26 17751 Panama City Beh. Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State Panama City, FL	27 City & State
23 Zip 32413	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent LANGLEY, BARBARA 17751 BACK BEACH ROAD, 14B PANAMA CITY BCH. FL 32413		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 17751 PC Beh Pkwy., # 14B	
83		84 City FL	
85 Zip Code		86	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, H. M.	1.2 NAME	Nell B. Catlin
STREET ADDRESS	17751 BACK BCH RD 1E	1.3 STREET ADDRESS	17751 PC Beh Pkwy., # 1B
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	Panama City Beh., FL 32413
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, MARTHA	2.2 NAME	Betty Keefe
STREET ADDRESS	831 BRANDEIS DR	2.3 STREET ADDRESS	17751 PC Beh. Pkwy., # 12B
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City Beh., FL 32413
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, BARBARA	3.2 NAME	
STREET ADDRESS	17751 BACK BEACH RD 14B	3.3 STREET ADDRESS	17751 PC Beh. Pkwy., # 14B
CITY-ST-ZIP	PANAMA CITY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ESEL	4.2 NAME	
STREET ADDRESS	17751 BACK BEACH ROAD 17E	4.3 STREET ADDRESS	17751 PC Beh. Pkwy., # 17E
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUCKABY, BETTY	5.2 NAME	Jim McNeill
STREET ADDRESS	635 CONGER RD	5.3 STREET ADDRESS	17751 PC Beh. Pkwy., # 10E
CITY-ST-ZIP	ANNISTON AL	5.4 CITY-ST-ZIP	Panama City Beh., FL 32413
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Ralph Roberts
STREET ADDRESS		6.3 STREET ADDRESS	17751 PC Beh. Pkwy., # 5A
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Panama City Beh., FL 32413

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Langley Date: April 11, 1996 909-234-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)