

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22574

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** BEACHWALKER AT HARBOURSIDE OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:** 65-0124753      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BRIAN K  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VPSD  
**Name:** WELLS, JIM  
**Address:** 9887 FOURTH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33702

**Title:** PD  
**Name:** BURCHARD, MERRILL  
**Address:** 9887 FOURTH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33702

**Title:** TD  
**Name:** SALERNO, ADDIE  
**Address:** 9887 FOURTH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33702

**Title:** D  
**Name:** FISHER, OLGA  
**Address:** 9887 FOURTH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33702

**Title:** D  
**Name:** RALYEA, HOWARD  
**Address:** 9887 FOURTH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33702

**Title:** D  
**Name:** SAMUELSON, DONALD  
**Address:** 9887 FOURTH STREET NORTH #301  
**City-St-Zip:** ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MERRILL BURCHARD

PD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date