

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764550

Entity Name: BEACHWALK VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541**Current Mailing Address:**36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541 US**FEI Number:** 62-1271099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STARNES, JIM
36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541 US*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**Officer/Director Detail :**

Title	P
Name	SMITH, MIKE
Address	5159 BEACHWALK DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	VP
Name	MINNS, MARTYN
Address	5114 BEACHWALK CIRCLE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	TREASURER
Name	EVERS, DON
Address	3520 COUNTRY WALK DRIVE
City-State-Zip:	CINCINNATI OH 45248

Title	DIRECTOR
Name	BOESE, SCOTT
Address	210 STONEGATE DRIVE
City-State-Zip:	ALBANY GA 31721

Title	SECRETARY
Name	BOWDEN, SUE
Address	5126 BEACHWALK CIRCLE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	ADAMO, TONY
Address	3 HORIZON ROAD APT. 1032
City-State-Zip:	FORT LEE NJ 07024

Title	DIRECTOR
Name	NYE, MELANIE
Address	329 NICKLAUS DRIVE
City-State-Zip:	SLIDELL LA 70458

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: MIKE SMITH

PRESIDENT

01/08/2020

Electronic Signature of Signing Officer/Director Detail_____
Date