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: TONI CEREKWICKI

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

Electronic Signature of Signing Officer/Director Detail

03/29/2014 **PRESIDENT & DIRECTOR**

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

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	BODIKER, ARTHUR	Name	GOODE, MEREDITH
Address	34 W. MCPHERSON STREET	Address	28826 FALLING LEAVES WAY
City-State-Zip:	DAYTON OH 45405	City-State-Zip:	WESLEY CHAPEL FL 33543
Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Title Name	PRESIDENT, DIRECTOR CEREKWICKI, TONI	Title Name	TREASURER, DIRECTOR TIETJEN, JOHN
	,		
Name	CEREKWICKI, TONI	Name	TIETJEN, JOHN

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0100000025

Entity Name: BEACHSIDE VILLAS I.R.B.C.A., INC.

Current Principal Place of Business:

1412-1500 GULF BLVD. INDIAN ROCKS BEACH. FL 33785

Current Mailing Address:

C/O S/3 CONSULTING GROUP, LLC 19534 GULF BLVD.# 202 INDIAN ROCKS BEACH, FL 33785

FEI Number: 59-3688669

Name and Address of Current Registered Agent:

SMITH, WILLIAM F 19534 GULF BLVD. SUITE 202 INDIAN ROCKS BEACH, FL 33785 US Certificate of Status Desired: No

Date