

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007987

**Entity Name:** BEACHES WATCH, INC.

**Current Principal Place of Business:**

1203 18TH AVE. N.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 50311  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 20-1532385

**Certificate of Status Desired:** No

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

GOLDING, SANDY K  
1203 18TH AVE N  
JACKSONVILLE BEACH, FL 32250 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:** SANDY GOLDING

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KRIMSKY, EILEEN  
Address        1709 SECOND STREET S.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           PRES  
Name           MARK, MARIA  
Address        1148 LINKSIDE DRIVE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           VP  
Name           BROWN, KEVIN  
Address        1833 KINGS COURT  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           DIR  
Name           GOLDING, SANDY  
Address        1203 18TH AVE. N.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           DIR  
Name           PISCITELLI, STEVE  
Address        374 MAGNOLIA STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           SECRETARY  
Name           RINAMAN, LANA  
Address        1915 HICKORY LANE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           DIRECTOR  
Name           HERMAN, PAUL  
Address        330 GARDEN LANE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           DIRECTOR  
Name           GILBERT, DANE  
Address        516 LIGHTHOUSE COURT  
City-State-Zip: NEPTUNE BEACH FL 32266

**Continues on page 2**

*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:** SANDY GOLDING

**DIRECTOR**

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FREEMAN, JOYCE  
Address        797 MAYPORT ROAD  
City-State-Zip: ATLANTIC BEACH FL 32233