

2020 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

04/19/2020

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 VARIAN, CATHY
Address 2279 SEMINOLE ROAD
 11
City-State-Zip: ATLANTIC BEACH FL 32233

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

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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

04/19/2020

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