2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08678

Entity Name: BEACHWOOD VILLAS CONDOMINIUM OWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

3799 EAST COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459

Current Mailing Address:

148 KEL-WEN CIRCLE DESTIN, FL 32541 US

FEI Number: 59-2549854 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIPMAN, GARY A 2063 S COUNTY HIGHWAY 395 SANTA ROSA BEACH, FL 32459 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

FILED

Jul 10, 2024

Secretary of State 6030421046CC

Officer/Director Detail:

MGMT.

Title PRESIDENT Title VP

Name OVERSTREET, THOMAS Name CORNELIS, PETER

Address % PANHANDLE COMM. ASSOC. Address % PANHANDLE COMM. ASSOC.

MGMT. MGMT.

148 KEL-WEN CIRCLE 148 KEL-WEN CIRCLE

City-State-Zip: DESTIN FL 32541 City-State-Zip: DESTIN FL 32541

TitleSECRETARYTitleTREASURERNameSUTTON, ROBINNameKNIGHT, ERIN

Address % PANHANDLE COMM. ASSOC. Address % PANHANDLE COMM. ASSOC.

MGMT. MGMT.

148 KEL-WEN CIRCLE 148 KEL-WEN CIRCLE

City-State-Zip: DESTIN FL 32541 City-State-Zip: DESTIN FL 32541

Title DIRECTOR Title DIRECTOR

Name PIKE, JAMES Name LAVERY, COURTNEY

Address % PANHANDLE COMM. ASSOC. Address % PANHANDLE COMM. ASSOC.

MGMT. MGMT.

148 KEL-WEN CIRCLE 148 KEL-WEN CIRCLE

City-State-Zip: DESTIN FL 32541 City-State-Zip: DESTIN FL 32541

TitleDIRECTORTitleCOMPTROLLERNamePIKE, JAMESNamePURUT, LCAM, JAY

Address % PANHANDLE COMM. ASSOC. Address % PANHANDLE COMM. ASSOC.

MGMT.

148 KEL-WEN CIRCLE 148 KEL-WEN CIRCLE

City-State-Zip: DESTIN FL 32541 City-State-Zip: DESTIN FL 32541

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: JAY PURUT, LCAM COMM. ASSOC. MGR. 07/10/2024

Electronic Signature of Signing Officer/Director Detail

Date