

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

DOCUMENT# N08678

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**3439267405CC**

**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:**

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

**FEI Number: 59-2549854**

**Certificate of Status Desired: No**

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

SHIPMAN, GARY A  
2063 SO. CO. HWY. 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

**Officer/Director Detail :**

Title           TREASURER  
Name           CALDWELL, SUSAN  
Address        6911 DEACON DRIVE  
City-State-Zip: FRISCO TX 75034

Title           SECRETARY  
Name           ABRAHAM, NANCY  
Address        234 CULLMAN AVE.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title           PRESIDENT  
Name           OVERSTREET, THOMAS  
Address        207 CROSS ROAD  
City-State-Zip: ACWORTH GA 30102

Title           DIRECTOR  
Name           FORRET, JAMES  
Address        5865 SOUTH TIMBER RIDGE COURT  
City-State-Zip: NEW BERLIN WI 53151

Title           DIRECTOR  
Name           MURPHY, BEAU  
Address        172 KINGS ROW, NE  
City-State-Zip: MARIETTA GA 30067

Title           DIRECTOR  
Name           MICHAEL, LEE  
Address        4018 VALLEY ROAD  
City-State-Zip: NASHVILLE TN 37205

Title           VP  
Name           ATWATER, CHARLES  
Address        4017 CROSSINGS LANE  
City-State-Zip: BIRMINGHAM AL 35242

*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: THOMAS OVERSTREET**

**PRESIDENT**

**02/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date