

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000276

**Entity Name:** BEACHWALK LAGOON ASSOCIATION, INC.

**Current Principal Place of Business:**

100 EAST LINTON BLVD., SUITE 211B  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

100 EAST LINTON BLVD., SUITE 211B  
DELRAY BEACH, FL 33483 US

**FEI Number:** 30-0982030

**Certificate of Status Desired:** No

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

TWIN CREEKS DEVELOPMENT ASSOCIATES, LLC  
100 EAST LINTON BLVD., SUITE 211B  
DELRAY BEACH, FL 33483 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 D/P  
Name KINSEY, JOHN T  
Address 100 EAST LINTON BLVD., SUITE 211B  
City-State-Zip: DELRAY BEACH FL 33483

Title DVTS  
Name FURLONG, ROBERT  
Address 10752 DEERWOOD PARK BLVD.  
SOUTH SUITE 100  
City-State-Zip: JACKSONVILLE FL 32556

Title D  
Name KEILING, SCOTT  
Address 9440 PHILIPS HIGHWAY, SUITE 7  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JOHN T. KINSEY

**PRESIDENT**

**06/19/2018**

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

\_\_\_\_\_  
Date