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: JON CHRISTENSEN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/17/2014

Date

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17302

Entity Name: BEACHWALK RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

MGMT. BY ASSOC. INC 187 FOREST LAKES BLVD. NAPLES, FL 34105

Current Mailing Address:

C/O MANAEMENT BY ASSOCIATION, INC 187 FOREST LAKES BLVD. NAPLES, FL 34105 US

FEI Number: 59-2745854

Name and Address of Current Registered Agent:

GRACEY, ROBERT TSR 187 FOREST LAKES BLVD. NAPLES, FL 34105 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	E: ROBERT T. GRACEY, SR.			04/17/2014
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DVP	Title	D, PRESIDENT	
Name	ALLEN, DEREK	Name	CHRISTENSEN, JON	
Address	521 BEACHWALK CIRCLE	Address	637 BEACHWALK CIR #E204	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	
Title	DS	Title	D	
Name	RICHARDSON, GEORGE	Name	LISSMAN, ALAN	
Address	631 BEACHWALK CIRCLE	Address	513 BEACHWALK CIR	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	
Title	D, TREASURER			
Name	MACALUSO, JOSEPH			
Address	837 REEF POINT CIRCLE			
City-State-Zip:	NAPLES FL 34108			

Certificate of Status Desired: No

FILED Apr 17, 2014 Secretary of State CC9995175221