

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711858

FILED
Jul 09, 2007
Secretary of State

Entity Name: BEACHES COLUMBIAN ASSOCIATION, INC.

Current Principal Place of Business:

1401 2ND AVENUE NORTH
P.O. BOX 50732
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1401 2ND AVE NORTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1401 2ND AVENUE NORTH
P.O. BOX 50732
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1401 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-0058268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLL, DEVILLO M
2477 CASTAWAY DR
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHRISTOVICH, STANLEY
Address: 110 SEAGATE AVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PTD () Delete
Name: BOLL, DEVILLO M
Address: 2477 CASTAWAY DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: RIENDEAU, ARMANDO
Address: 2531 GAIAPAEOS AVE E
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD () Delete
Name: GORDON, SCOTT
Address: 12950 DEEP LAGOON PLACE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RIENDEAU, ARMAND
Address: 2531 GALAPAGOS AVE E
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD (X) Change () Addition
Name: LONG, HASTON M
Address: 2642 TIDE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233 29

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEVILLO M. BOLL

PTD

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date