

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 001 ****61.25

DOCUMENT # 725477					
1. Entity Name BEACH WALKER VILLAS ASSOCIATION INC.					
Principal Place of Business C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Mailing Address C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1567346	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGORY, DAVID AMELIA ISLAND MGMT. 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, TAYLOR		NAME		
STREET ADDRESS	717 CAMELLIA DR.		STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE, GA 30240		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, DAVID		NAME		
STREET ADDRESS	PO BOX 285 N/A		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, GA 30648		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, WAYNE		NAME		
STREET ADDRESS	2546 HOLLEY POINT RD E		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETTE, BRAD		NAME		
STREET ADDRESS	1165 BEACHWALKER		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES		NAME		
STREET ADDRESS	4685 POLO LN NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30339		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 3/4/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		