

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725477

FILED
Jan 24, 2009
Secretary of State

Entity Name: BEACH WALKER VILLAS ASSOCIATION INC.

Current Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 59-1567346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERRILL, TAYLOR
Address: 717 CAMELLIA DR.
City-St-Zip: LAGRANGE, GA 30240

Title: D () Delete
Name: MONTGOMERY, DAVID
Address: PO BOX 285 N/A
City-St-Zip: LEXINGTON, GA 30648

Title: STD () Delete
Name: MIDDLETON, WAYNE
Address: 2546 HOLLEY POINT RD E
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: BURNETTE, BRAD
Address: 1165 BEACHWALKER
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: THOMPSON, JAMES
Address: 4685 POLO LN NW
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MONTGOMERY, DAVID
Address: PO BOX 8068
City-St-Zip: ATHENS, GA 30603

Title: STD (X) Change () Addition
Name: MIDDLETON, WAYNE
Address: 8 HICKORY LANE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VD (X) Change () Addition
Name: BURNETTE, BRADFORD
Address: 3213 WILDWOOD PLANTATION CIRCLE
City-St-Zip: VALDOSTA, GA 31605

Title: D (X) Change () Addition
Name: THOMPSON, JAMES
Address: 4685 POLO LANE NW
City-St-Zip: ATLANTA, GA 30339

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: TAYLOR MERRILL

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date