

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90017 013 ****61.25

DOCUMENT # 727050 1. Entity Name BEACH WOOD VILLAS ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MANAGEMENT P.O. BOX 3000 AMELIA ISLAND, FL 32035 US			Mailing Address P.O. BOX 1987 YULEE, FL 32097-1987 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3000 Suite, Apt. #, etc.			
City & State Zip Country		City & State Amelia Island, FL Zip Country 32035		4. FEI Number 59-1613636 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GREGORY, DAVID B 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	VD DUBOSE, E R 1730 CHATTAHOOCHEE AVE NW ATLANTA, GA 30325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stewart, Virginia 2117 Beachwood Road Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACLURE, LAURENS 2089 BEACH WOOD AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WITT, RON 1310 CENTERWOOD DR MARTINSVILLE, IN 46151	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PFD HUFFAKER, BOB 218 FAIRY TRAIL LOOKOUT MOUNTAIN, TN 37350	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD IDEN, ROBERT 1379 BLUEWATER FENTON, MI 48430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCFADDEN, WALTER 2133 BEACH WOOD ROAD AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			RON WITT Feb. 10, 2005 317-831-3103		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		