


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90044 037 \*\*\*\*61.25

<b>DOCUMENT # 727050</b> 1. Entity Name <b>BEACH WOOD VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O AMELIA ISLAND MANAGEMENT</b> <b>P.O. BOX 3000</b> <b>AMELIA ISLAND, FL 32035 US</b>			Mailing Address <b>P.O. BOX 3000</b> <b>AMELIA ISLAND, FL 32035 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1613636</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREGORY, DAVID B</b> <b>3000 FIRST COAST HWY.</b> <b>AMELIA ISLAND, FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, VIRGINA</b> <b>21 SECRET COVE COURT</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MATHE, GERALD E</b> <b>209 KEMAH ROAD</b> <b>RIDGEWOOD, NJ 07450</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HUFFAKER, BOB</b> <b>218 FAIRY TRAIL</b> <b>LOOKOUT MOUNTAIN, TN 37350</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>IDEN, ROBERT</b> <b>1379 BLUEWATER</b> <b>FENTON, MI 48430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCFADDEN, WALTER</b> <b>2133 BEACH WOOD ROAD</b> <b>AMELIA ISLAND, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>Armstrong, Charles, Jr.</b> <b>130 Spalding Mill</b> <b>ATLANTA, GA 30350</b>			
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.					
<b>SIGNATURE:</b> <u>Robert E. Iden</u> <b>ROBERT E IDEN</b> <u>2/25/2007</u> <b>810-629-7467</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40004017



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Applied For  
Not Applicable