

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727050

FILED
Jan 23, 2009
Secretary of State

Entity Name: BEACH WOOD VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
P.O. BOX 3000
AMELIA ISLAND, FL 32035 US

Current Mailing Address:

P.O. BOX 3000
AMELIA ISLAND, FL 32035 US

New Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
1411 JULIA STREET, BUILDING 4
AMELIA ISLAND, FL 32034 US

New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
P.O. BOX 3000
AMELIA ISLAND, FL 32035 US

FEI Number: 59-1613636

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
3000 FIRST COAST HWY.
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

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMSTRONG, CHARLES JR
Address: 130 SPALDING MILL
City-St-Zip: ATLANTA, GA 30350

Title: STD () Delete
Name: MATHE, GERALD E
Address: 209 KEMAH ROAD
City-St-Zip: RIDGEWOOD, NJ 07450

Title: VD () Delete
Name: HUFFAKER, BOB
Address: 218 FAIRY TRAIL
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

Title: PD () Delete
Name: IDEN, ROBERT
Address: 1379 BLUEWATER
City-St-Zip: FENTON, MI 48430

Title: D () Delete
Name: MCFADDEN, WALTER
Address: 2133 BEACH WOOD ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ARMSTRONG, CHARLES JR
Address: 130 SPALDING MILL
City-St-Zip: ATLANTA, GA 30350

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

Title: D (X) Change () Addition
Name: HUFFAKER, ROBERT
Address: 218 FAIRY TRAIL
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

Title: PD (X) Change () Addition
Name: IDEN, ROBERT
Address: 1379 BLUEWATER DRIVE
City-St-Zip: FENTON, MI 48430

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

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: ROBERT IDEN

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date