

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727050

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** BEACH WOOD VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5440 FIRST COAST HWY..  
AMELIA ISLAND, FL 32034 US

**Current Mailing Address:**

C/O AMELIA ISLAND MANAGEMENT, INC.  
P.O. BOX 3000  
AMELIA ISLAND, FL 32035 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:**

MUIR, ROBERT C III  
3000 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

MUIR, ROBERT C III  
5440 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: \_\_\_\_\_

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: IDEN, ROBERT  
Address: P.O. BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: VD  
Name: ARMSTRONG, CHARLES  
Address: P.O. BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: STD  
Name: MATHE, GERALD E  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D  
Name: BREEN, CAMILLE  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D  
Name: HUFFAKER, ROBERT  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

I hereby 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 all other like empowered.

SIGNATURE: ROBERT IDEN

PD

04/04/2011

Electronic Signature of Signing Officer or Director

Date