FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747086** (7)

1. Corporation Name

BEACH WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7980 NORTH ATLANTIC AVENUE 8680 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920-3428	7980 NORTH ATLANTIC AVENUE 8680 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920-3428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2095131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

WALLIS, MIKE
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed Name of Registered Agent, and Title, if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WASDIN, THOMAS E	12 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	13 STREET ADDRESS	
CITY ST ZIP	CAPE CANAVERAL, FL 00000	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	HORNE, MAUREEN T	22 NAME	
STREET ADDRESS	3212 SAND DUNES COURT	23 STREET ADDRESS	
CITY ST ZIP	MELBOURNE BEACH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STOTTLER, RICHARD H, JR	32 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	33 STREET ADDRESS	
CITY ST ZIP	CAPE CANAVERAL, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAFFREY, JERRY	42 NAME	
STREET ADDRESS	3207 RIVER WINDS CT.	43 STREET ADDRESS	
CITY ST ZIP	MELBOURNE BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KUSINITZ, IVAN	52 NAME	
STREET ADDRESS	3100 RIVER VILLA WAY	53 STREET ADDRESS	
CITY ST ZIP	MELBOURNE BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Stottler or Jennifer Noe 4-27-95 783-4923
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JENNIFER NOE

0035895