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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747086 (7)
1. Corporation Name
BEACH WOODS PROPERTY OWNERS' ASSOCIATION, INC.

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



3. Date Incorporated or Qualified 05/08/1979 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 155 RIVER WINDS BLVD 26 155 RIVER WINDS BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 MELBOURNE BCH, FL 28 MELBOURNE BCH, FL
Zip Zip
24 32951 25 BREVARD 29 32951 30 BREVARD

8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WALLIS, MIKE
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901
81 Name DAVID W. DYER
82 Street Address (P.O. Box Number is Not Acceptable)
325 FIFTH AVE., SUITE 205
83
84 City INDIAN LANTIC FL 85 Zip Code 32916-3

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE DAVID W. DYER 5/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	WASDIN, THOMAS E	1.2 NAME	M. JENNIFER WOLF
STREET ADDRESS	8680 N. ATLANTIC AVE	1.3 STREET ADDRESS	3203 RIVER VILLA WAY
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	1.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951
TITLE	SD	2.1 TITLE	VICE PRESIDENT
NAME	HORNE, MAUREEN T	2.2 NAME	JERRY CAFFEY
STREET ADDRESS	3212 SAND DUNES COURT	2.3 STREET ADDRESS	3207 RIVER WINDS CT.
CITY-ST-ZIP	MELBOURNE BEACH FL	2.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951
TITLE	VD	3.1 TITLE	TREASURER
NAME	STOTTLER, RICHARD H, JR	3.2 NAME	LOU PARKETT
STREET ADDRESS	8680 N. ATLANTIC AVE	3.3 STREET ADDRESS	3204 RIVER WINDS CT.
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	3.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951
TITLE	D	4.1 TITLE	SECRETARY
NAME	CAFFEY, JERRY	4.2 NAME	GORDEN WOODLUFF
STREET ADDRESS	3207 RIVER WINDS CT.	4.3 STREET ADDRESS	3212 SAND DUNES CT.
CITY-ST-ZIP	MELBOURNE BEACH FL	4.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951
TITLE	D	5.1 TITLE	DIRECTOR
NAME	KUSINITZ, IVAN	5.2 NAME	CELLE ANDREWS
STREET ADDRESS	3100 RIVER VILLA WAY	5.3 STREET ADDRESS	3140 RIVER GARDENS CT.
CITY-ST-ZIP	MELBOURNE BEACH FL	5.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	BILL CANTILLON
STREET ADDRESS		6.3 STREET ADDRESS	5195 SEA SHELL WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MELBOURNE BCH, FL.

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)(k), 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: M. Jennifer Wolf, President 4/30/96 72
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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DIRECTORS

Title: Director

Name: Steve Richter

Street Add: 3203 S. A1A

City-St-Zip: Melbourne Bch., Fl. 32951

Title: Director

Name: Patty Macy

Street Add: 3276 Sea Oats Circle

City-St-Zip: Melbourne Bch., Fl. 32951