FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCLIMENT #

747086

(7)

1. Corporation Name /4/000							
BEACH	I WOODS PROPERTY OW	NERS' ASSOCIATION, I	NC.		I EN NEEL EGGE GENEEL GANGE ANION SE	dila acce acaci Viani diam acaci	ilan Bibli i adi
Principal Plac	e of Business	Mailing Address]	inin Mill Asteis Asteil Milles Asteis A	AMIL MAMIL HAMI
155 RIVER WOODS BLVD. MELBOURNE FL 32951		155 RIVER WOODS BLVD.	155 RIVER WOODS BLVD. MELBOURNE FL 32951-3041				
US	L 02001	US			6.0	- 10-0-0-10-10	
:					3. Date Incorporated or Qualified 05/08/1979	d 3a. Date of Last R 05/14/19	96
}	lace of Business	28. Mailing Address			4. FEI Number 59-2095131	 -	plied For
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			60 7E	additional
22		27			5. Certificate of Status Desired		equired
City & Stat	e	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip	Country		8. This corporation has liability !		
24 25 29			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent				Name	10. Name and Address of New	Hegistered Agent	
DYER, I	DAVID W		81 82		ess (P.O. Box Number is Not Accep	toble)	
	TH AVE.			Street Addre	ess (P.O. Box number is Not Accep	table)	
SUITE 205			83				
INDIANATLANTIC FL 32903			84	City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	s, the above	-named corpo	oration submits this statement for th		s registered
agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Stat im familiar with, and accept the obli	gations of, Section 617,0503, Flo	orida Statutes	The corporation	or a poard of directors, i hereby act	sept the appointment as	Ledistered
SIGNATURE	Signature, lyped or printed name of registered a	gent and title if applicable (NOTI	F. Registered Ager	o skonstute require	d when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	PE	ESDEN] JAJUERCTOR	Change	☐ Addition
NAME	WOLF, M. J 3203 RIVER VILLA WAY		1.2 NAME	WA	ODENIS GUEDON 12 SAND DINES CT.	-	
STREET ADDRESS CITY-ST-ZIP	MELBOURNE BEACH FL		1.3 STREET A 1.4 City-St	100	AROURNE BON CI	20951	
TITLE	VP	DELETE	2.1 TITLE	16	PETAPUNIETOR	Change	Addition
NAME	CAFFREY, JERRY		2.2 NAME	wor	F. M. TENVIFEL.	A 1 10 m	
STREET ADDRESS			2.3 STREET		23 RIVER VIHA WA	94	
DITY-ST-ZIP	MELBOURNE BEACH FL.				LBOURNE BCH. FL	. Jef3 / □ Change	Addition
NAME	PUCKETT, ROY	C Ottest	3.1 TITLE 3.2 NAME	l'Aà.	EECTOR ESON, FOHM	<u></u> •	P Nobilitati
STREET ADDRESS	3204 RIVER WOODS CT.		3.3 STREET	ADORESS 32	36 SAND DUNES C	I .	
CITY - ST - ZIP	MELBOURNE BEACH FL		3.4. CITY-S	T-ZIP ME	LBOUENE HCH. FL.	3451	
TITLE	S WOODSHEE CORDON	☐ DELETE	4.1 TITLE	72/	PENTER	Change	Addition
NAME STREET ADDRESS	WOODRUFF, GORDON 3212 SAND DUNES CT.		4. 2 NAME 4.3 STREET	4000ccc 35	DEN, FRANK WO RIVER VILLA W	1AY	
CITY-ST-ZIP	MELBOURNE BEACH FL		4.4 CITY - ST	1 LA.	LBOORNE BCH. FL.	22951	,
TITLE	D	DELETE	5.1 TITLE	(7)//	ETTOR	Change	Addition
NAME	ANDREWS, GEORGE		5.2 NAME	Bu	CHIE, TACQUELYN	. /	
STREET ADDRESS	3160 RIVER GARDENS CT.	/	5.3 STREET	ADDRESS 3/2	4 KIVER VILLA WA		
CITY-ST-ZIP TITLE	MELBOURNE BEACH FL.	DELETE	5.4 CITY-ST 6.1 TITLE	T-ZIP	BURNE ACH, A. 3	295/ Change	Addition
NAME	CANTILLON, BILL	An openic	6.2 NAME			in cumino	ur_j . arc(())//
STREET ADDRESS	3195 SEA SHELL WAY		6.3 STREET	ADDRESS			
1	MEI DOLIDNE DEACH EL		1	1			

14. I do hereby certify that the information supplied with this filing 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 or an attachment with an address.

SIGNATURE: <u>~1</u>

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

FILED

May 15 1997 8:00am

Secretary of State

407-729-6823 Daylime Phone # 0019997

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