FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 747086

1. Corporation Name

BEACH WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Principal P ace of Business
155 RIVER WOODS BLVD.
MELBOURNE BEACH FL 32951
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

155 RIVER WOODS BLVD. MELBOURNE BEACH FL 32951

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04-27-1999 90021 027 ****61.25



3. Date incorporated or Qualifed

05/08/1979

''' 	41 - 1 -	Suite, Apt. #, etc.					4. FEI Number			lied For		
Suite, Apt.	#, etc.	Suite, Apr. #, etc.					59-2095131	Not Applicable				
City & 5 tate	2	City & State							\$8.75 A	dditional		
3		28					5. Certifcate of Status Desired		Fee Re	uired		
Zip	Country	Zip Cou				6. Electic n Campaign Financing			\$5.00	vlay Be		
4	25	29	30			İ	Trust Fund Contribution		Added to	Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					Name							
DYER, DAVID W					Stenot A	et Address (P.O. Box Number is Not Acceptable)						
325 FIFTH AVE.				82 Street Aridress (P.O. Box Number is Not Acceptable)								
SUITE 205				83								
INDIANATLANTIC FL 32903									Table 1			
INDIMINATE	ANTIC PL 32903			84	City			FI	85 Zip C	008		
11. Durant to the applicace of Sections 617 0500 and 617 1508. Florida Statutes the above-named comporation submits this statement for the purpose of changing its register										egistered		
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 Signature typed or printed nume of registered agen, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed or printed in me of registered agen a		Registered	Agent	signature re	- Dealit be	ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12		
12.	VP OFFICERS AND	OT ROLLIO MINS BIRLES TO THE				OB	1.160 TOHIL- 1	26 Dinew	Change	Addition		
TITLE	**	_ :				CMX	SOUL AMIN PRO	EDHIM!				
NAME	DORSON, JOHN	1.2 N			3203 KIVER WINDS C'I.							
STREET ADDRESS	3236 SAND DUNES CT	1.3 ST			ADDRESS	ESS NOVID OF ALL DAIL FOR DONE!						
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		_	ry-\$t	ZIP	11101	CRIVENE BCA. P.	L. Jd?	/.J /	Addition		
TITLE	Т	VZ DELETE	DELETE 2.1 TITI			"7 <i>Rt</i>	FASURE		Change	✓ Addition		
NAME	ANDREWS, GEORGE	2.2 NA			l	TA	CR JUNES	15	17			
STREET ADORESS	3160 RIVER GARDENS CT				ADDRESS	32	30 SAWD DUR		-1. 20.0 1			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		2.4 C	TY-S1	-ZIP	ME	LBOUCKE BOH	Pl. 3	2401			
TITLE	P	□ <i>p</i> elete	3.1 TI	ΠE		54	CETALY.		Change	☐ Addition		
NAME	HORN, FRANK		3.2 NA			FER	ONK HURY					
STREET ADDRESS	3260 RIVER VILLA WY	260 RIVER VILLA WY 3.3 S			ADDRESS .	324	O RIVER VILLA U	DHY		1		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		3.4. C	TY-ST	-ZIP	MEL	BOURNE BCH.	FL. 32	295			
TITLE	S	DELETE	4.1 TI	LΕ	7	DIK	PECTUR.		☐ Change	Addition		
NAME	MILLER, MARGARETE		4. 2 N	AME	ļ	CE	PRINE POISTER	, ,				
STREET ADDRESS	3229 SAND DUNES CT		4 3 ST	REET.	ADDRESS	3/16	PIVER VILLA	1044				
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	BEACH FL 32951 44			.ZIP	1111-1	ROURNE DEACH	FL: 3	295/			
TITLE	D	Delete 5.1 Ti				NIC	FOTOC.		Change	Addition		
NAME	CARUSO, JOHN	52 NA			4	En	nul ITCECO.	- ~	,	}		
STREET ADDRESS	3363 SANDY REEF CT	5.3 ST			ADDRESS	1350	THE STREET WIND	5 CECT	€/			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		5.4 CI	TY-ST	-ZIP	ME	BOWENE BEAC	H FL	3295	7		
TITLE	D	☐ DELETE	6.1 TI	rle.				/	Change	☐ Addition		
NAME	MENKE, PAT		6.2 N	ME								
STREET ADDRESS	3247 BEACH VIEW WY		6.3 ST	REET	ADDRESS							
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		6.4 CI	TY-ST	-ZIP							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 change 1, or or an attackment with an address, with all other like empowered.

SIGNATURE: