

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90186 019 ****61.25

DOCUMENT # 747086

1. Entity Name

BEACH WOODS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

155 RIVER WOODS BLVD.
MELBOURNE BEACH FL 32951
US

Mailing Address

155 RIVER WOODS BLVD.
MELBOURNE BEACH FL 32951
US

34000000

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2095131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYER, DAVID W
325 FIFTH AVE.
SUITE 205
INDIANATLANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **NUZZI, NOREEN**
STREET ADDRESS **3365 SANDY REEF CT.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **J** ☒ Delete
NAME **JONES, JACK**
STREET ADDRESS **3230 SAND DUNES CT.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **ROHAN, JUDITH**
STREET ADDRESS **3312 SEA MIST LANE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **VP** ☐ Delete
NAME **POLSTER, GEORGE**
STREET ADDRESS **3118 RIVER VILLA WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **GRECO, FRANK**
STREET ADDRESS **3205 RIVER WINDS COURT**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **P** ☐ Delete
NAME **PHILLIPS, WILLIS G**
STREET ADDRESS **3134 RIVER VILLA WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **NUZZI, NOREEN**
STREET ADDRESS **3365 SANDY REEF CT.**
CITY-ST-ZIP **MELB. BCH, FL 32951**

TITLE **V. PRESIDENT** ☒ Change ☐ Addition
NAME **ROHAN, JUDITH**
STREET ADDRESS **3312 SEA MIST LN.**
CITY-ST-ZIP **MELB. BCH, FL 32951**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **POLSTER, GEORGE**
STREET ADDRESS **3118 RIVER VILLA WAY**
CITY-ST-ZIP **MELB. BCH, FL 32951**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LINSOTT, LIZ**
STREET ADDRESS **3205 RIVER VILLA WAY, 120-R**
CITY-ST-ZIP **MELB. BCH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willis G. Phillips* **W. G. Phillips**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 **321-727-6223**
Date Daytime Phone #