

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90197 024 \*\*\*\*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**

**50001303**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2095131**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	NUZZI, NOREEN	
STREET ADDRESS	3365 SANDY REEF CT.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROHAN, JUDITH	
STREET ADDRESS	3212 SEA MIST LN.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, ROBERT	
STREET ADDRESS	3165 BEACH WINDS CT	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARRIDO, FRANCES	
STREET ADDRESS	245 SEA CORAL WAY	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOHNER, GLORIA	
STREET ADDRESS	3220 RIVER VILLA WAY #143R	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	P	<input checked="" type="checkbox"/> 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUZZI, NOREEN	
STREET ADDRESS	3365 SANDY REEF CT.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHAN, JUDITH	
STREET ADDRESS	3212 SEA MIST LN	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ROBERT	
STREET ADDRESS	3165 BEACH WINDS CT	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKESTAD, CAEL	
STREET ADDRESS	3145 SEA SHELL WAY	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, DAVID	
STREET ADDRESS	3171 BEACH WINDS CT.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYKE, PATRICIA	
STREET ADDRESS	3247 BEACH VIEW WAY	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32905	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/07 321-729-6223**

D,

LYNCH, JOHN

3307 SEA MIST LN

MELBOURNE BEACH, FL 32951

ATTACHMENT

50001303

#747086

ADDITION