

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90140 035 ****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**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2095131**

Applied For

Not Applicable

Zip

Country

BREVARD

Zip

Country

BREVARD

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **PHILLIPS, WINNIE C.**
STREET ADDRESS **3134 RIVER VILLAWAY**
CITY-ST-ZIP **MELB, BCH, FL. 32951**

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

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

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

TITLE **VICE PRES.** ☒ Change ☐ Addition
NAME **POLSTER, GEORGE**
STREET ADDRESS **3118 RIVER VILLAWAY**
CITY-ST-ZIP **MELB. BCH, FL. 32951**

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **GRECO, FRANK**
STREET ADDRESS **3205 RIVER WINDS CT.**
CITY-ST-ZIP **MELB. BCH, FL. 32951**

TITLE **D** ☒ Delete
NAME **DORSON, JOHN**
STREET ADDRESS **3236 SAND DUNES CT**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LINSCOTT, ELIZABETH**
STREET ADDRESS **3230 RIVER VILLAWAY, 180-E**
CITY-ST-ZIP **MELB. BCH, FL. 32951**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: *John Dorson* **Director**

4-30-03 321-779-6223

CR2E037 (10/02)