

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91506 020 ****61.25

DOCUMENT # 750047

1. Entity Name

BEACH HOUSE OF JACKSONVILLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3754801 FEI #

4. FEI Number

Applied For

Not Applicable

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

HART, JAMES W. JR.
 SENTRY MANAGEMENT INC.
 2180 W. SR 434, STE. 5000
 LONGWOOD FL 32779

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: CORRAO, ROBERT
 STREET ADDRESS: 101 SUMMER TREE STREET
 CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082 Delete

TITLE: D
 NAME: Motley, R-Terrell
 STREET ADDRESS: 1401 S 1st Street #b
 CITY-ST-ZIP: Jacksonville Beach FL 32250 Change Addition

TITLE: VP D
 NAME: RUSSELL, MERVIN
 STREET ADDRESS: 1308 NORTH SEVENTH STREET
 CITY-ST-ZIP: JACKSONVILLE BEACH FL 32250 Delete

TITLE: Change Addition

TITLE: STD
 NAME: ROSENBERG, JERRY
 STREET ADDRESS: 8873 BELLE RIVE BLVD.
 CITY-ST-ZIP: JACKSONVILLE FL 32256 Delete

TITLE: Change Addition

TITLE: D
 NAME: THRASHER, EMMETT
 STREET ADDRESS: 1401 S. 1ST STREET, #11
 CITY-ST-ZIP: JACKSONVILLE FL 32250 Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

Robert Corrao

4-29-02

(907) 280-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)