2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750630

Entity Name: BEACON POINT, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4590 SO ATLANTIC AVE BOX 80 PONCE INLET, FL 32127

Current Mailing Address: New Mailing Address:

4590 SO ATLANTIC AVE BOX 80 PONCE INLET, FL 32127

FEI Number: 59-2018545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUSWELL, KATHERINE ROWLAND, DOUGLAS L 4590 S ATLÁNTIC AVENUE 4590 S ATLANTIC AVENUE SUITE # 162 **BOX 80** PONCE INLET, FL 32127 US PONCE INLET, FL 32127 US

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: DOUGLAS LROWLAND 04/20/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition

LINTON, MARK KISER, JOSEPH Name: Name: 441 E HILCREST ST Address: 4590 S. ATLANTIC AVE. #158 Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: PONCE INLET, FL 32127

Title: Title: (X) Change () Addition () Delete BYERS, JOAN Name: ROWLAND, DOUGLAS L SR. Name: Address: 609 LAKE AVE Address: 4590 S. ATLANTIC AVE. #264 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: DIR (X) Change () Addition BYERS, JOAN GIAMICHAEL, DOLORES Name: Name: 4590 S. ATLANTIC AVE. #148 Address: 609 LAKE AVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: DIR (X) Change () Addition

HAAG, SHIRLEY Name: Name: OWENS, MICHAEL 4590 S. ATLANTIC AVE #163 206 QUAYSIDE #503 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: (X) Change () Addition

BLANKENBURG, ALBERT BYERS, JOAN Name: Name: 4590 S ATLANTIC AVE #255 Address: Address: 609 LAKE AVE

City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: (X) Delete Title: () Change () Addition TRUSWELL. KATHERINE Name: Name: Address: 4590 S. ATLANTIC AVE. #162 Address: PONCE INLET, FL 32127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS ROWLAND V-PR 04/20/2006

Electronic Signature of Signing Officer or Director

Date