

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750630

FILED
Feb 27, 2007
Secretary of State

Entity Name: BEACON POINT, INC.

Current Principal Place of Business:

4590 SO ATLANTIC AVE BOX 80
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4590 SO ATLANTIC AVE BOX 80
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-2018545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLAND, DOUGLAS L
4590 S ATLANTIC AVENUE
BOX 80
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KISER, JOSEPH
Address: 4590 S. ATLANTIC AVE. #158
City-St-Zip: PONCE INLET, FL 32127

Title: V-PR () Delete
Name: ROWLAND, DOUGLAS L SR.
Address: 4590 S. ATLANTIC AVE. #264
City-St-Zip: PONCE INLET, FL 32127

Title: DIR () Delete
Name: GIAMICHAEL, DOLORES
Address: 4590 S. ATLANTIC AVE. #148
City-St-Zip: PONCE INLET, FL 32127

Title: DIR () Delete
Name: OWENS, MICHAEL
Address: 206 QUAYSIDE #503
City-St-Zip: MAITLAND, FL 32751

Title: DIR () Delete
Name: BYERS, JOAN
Address: 609 LAKE AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GIAMICHAEL, DELORES
Address: 4590 S. ATLANTIC AVE. #148
City-St-Zip: PONCE INLET, FL 32127

Title: V-PR (X) Change () Addition
Name: BYERS, JOAN
Address: 4590 S. ATLANTIC AVE. #246
City-St-Zip: PONCE INLET, FL 32127

Title: DIR (X) Change () Addition
Name: ROWLAND, DOUGLAS
Address: 4590 S. ATLANTIC AVE. #264
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: STEINBERG, RONALD
Address: 4233 ORIOLE AVE.
City-St-Zip: WILBUR BY THE SEA, FL 32127

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: DELORES GIAMICHEL

PRES

02/27/2007

Electronic Signature of Signing Officer or Director

Date