

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 750630

Entity Name: BEACON POINT, INC.

Current Principal Place of Business:

4590 S. 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:

HAYTHORN, REGINA
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: BYERS, JOAN
Address: 4590 S. ATLANTIC AVE. #245
City-St-Zip: PONCE INLET, FL 32127

Title: V-PR () Delete
Name: STEINBERG, RONALD
Address: 4233 ORIOLE AVE,
City-St-Zip: WILBUR BY THE SEA, FL 32127

Title: DIR () Delete
Name: HAYTHORN, REGINA
Address: 4590 S. ATLANTIC AVE. #259A
City-St-Zip: PONCE INLET, FL 32127

Title: DIR () Delete
Name: WYLIE, DOLORES
Address: 4590 S. ATLANTIC AVE. UNIT 261
City-St-Zip: PONCE INLET, FL 32127

Title: DIR () Delete
Name: WARNER, SAMUEL
Address: 4590 S. ATLANTIC AVE. UNIT 258A
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V-PR (X) Change () Addition
Name: SAUNDERS, HAROLD
Address: 4590 S. ATLANTIC AVE. #244
City-St-Zip: PONCE INLET, FL 32127

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

Title: DIR (X) Change () Addition
Name: WYLIE, DOLORES
Address: 4590 S. ATLANTIC AVE. #261
City-St-Zip: PONCE INLET, FL 32127

Title: DIR (X) Change () Addition
Name: WARNER, SAMUEL
Address: 4590 S. ATLANTIC AVE. #258A
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: REGINA HAYTHORN

Electronic Signature of Signing Officer or Director

TREA

04/03/2009

Date