

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 24, 2012
Secretary of State**

DOCUMENT# 750630

Entity Name: BEACON POINT, INC.

Current Principal Place of Business:4590 S. ATLANTIC AVE
PONCE INLET, FL 32127**New Principal Place of Business:****Current Mailing Address:**4590 S. 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:BYERS, JOAN
4590 S ATLANTIC AVENUE
BOX 80
PONCE INLET, FL 32127 US**Name and Address of New Registered Agent:**CONOVER, JEAN L
4590 S ATLANTIC AVENUE
BOX 80
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: JEAN L CONOVER

05/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES
Name: FORD, ROBERT
Address: 4590 S. ATLANTIC AVE. #243
City-St-Zip: PONCE INLET, FL 32127Title: V-PR
Name: BYERS, JOAN
Address: 4590 S ATLANTIC AVE #245
City-St-Zip: PONCE INLET, FL 32127Title: SECY
Name: DOWNS, ELIZABETH
Address: 4590 S. ATLANTIC AVE. #240
City-St-Zip: PONCE INLET, FL 32127Title: TREA
Name: CONOVER, JEAN L
Address: 4590 S. ATLANTIC AVE. #256
City-St-Zip: PONCE INLET, FL 32127Title: DIR
Name: GIAMICHAEL, DOLORES
Address: 4590 S. ATLANTIC AVE. #148
City-St-Zip: PONCE INLET, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: JEAN L CONOVER

TREA

05/24/2012

Electronic Signature of Signing Officer or Director

Date