


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 752770 1. Entity Name BEACHVIEW CONDOMINIUM OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 8510 NAVARRE PKWY NAVARRE, FL 32566 US	Mailing Address 8510 NAVARRE PKWY NAVARRE, FL 32566 US
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2052459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CENTURY 21 ISLAND VIEW
8510 NAVARRE PARKWAY
NAVARRE, FL 32566**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000069218 03/01/04-80007-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, JOHN 716 SAILFISH FORT WALTON BEACH, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIERSEN, HARRY 2810 TYSON PLACE LOUISVILLE, KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULPEPPER, KATIE BOX 248 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIGER, SUSAN 5044 ROLAND ROAD PACE, FL 3271
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANK, JERRY P.O. BOX 656 BEULAH, MI 49617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **2/12/04 850-939-5756**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #