

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90001 002 \*\*\*\*61.25

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<b>DOCUMENT # 752770</b> 1. Entity Name <b>BEACHVIEW CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>8510 NAVARRE PKWY</b> <b>NAVARRE, FL 32566 US</b>			Mailing Address <b>8510 NAVARRE PKWY</b> <b>NAVARRE, FL 32566 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2052459</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CENTURY 21 ISLAND VIEW</b> <b>8510 NAVARRE PARKWAY</b> <b>NAVARRE, FL 32566</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CANNON, JOHN	NAME			
STREET ADDRESS	716 SAILFISH	STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32566	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIERSEN, HARRY	NAME	D Diersen, Harry		
STREET ADDRESS	2810 TYSON PLACE	STREET ADDRESS	2810 Tyson Place		
CITY-ST-ZIP	LOUISVILLE, KY 40218	CITY-ST-ZIP	Louisville Ky 40218		
TITLE	B <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULPEPPER, KATIE	NAME	Secretary/Treasurer Culpepper, Katie		
STREET ADDRESS	BOX 248	STREET ADDRESS	Box 248		
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	Milton FL 32570		
TITLE	B <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIGER, SUSAN	NAME	P Kiger, Susan		
STREET ADDRESS	5044 ROLAND ROAD	STREET ADDRESS	5044 Roland Rd		
CITY-ST-ZIP	PACE, FL 32771	CITY-ST-ZIP	Pace, FL 32571		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANK, JERRY	NAME			
STREET ADDRESS	P.O. BOX 656	STREET ADDRESS			
CITY-ST-ZIP	BEULAH, MI 49617	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VP Hall, Larry		
STREET ADDRESS		STREET ADDRESS	Rt 3 Box 120		
CITY-ST-ZIP		CITY-ST-ZIP	Georgiana, AL 36033		
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.					
<b>SIGNATURE: <u>Susan Kiger</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	