

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90348 001 ****61.25

DOCUMENT # 752770

1. Entity Name
**BEACHVIEW CONDOMINIUM OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**8510 NAVARRE PKWY
NAVARRE, FL 32566 US**

Mailing Address
**8510 NAVARRE PKWY
NAVARRE, FL 32566 US**

66016510



02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2052459

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANNON, JOHN
STREET ADDRESS	716 SAILFISH
CITY-ST-ZIP	FORT WALTON BEACH, FL 32566
TITLE	D
NAME	DIERSEN, HARRY
STREET ADDRESS	2810 TYSON PLACE
CITY-ST-ZIP	LOUISVILLE, KY 40218
TITLE	ST
NAME	CULPEPPER, KATIE
STREET ADDRESS	BOX 248
CITY-ST-ZIP	MILTON, FL 32570
TITLE	P
NAME	KIGER, SUSAN
STREET ADDRESS	5044 ROLAND ROAD
CITY-ST-ZIP	PAGE, FL 3271
TITLE	D
NAME	RANK, JERRY
STREET ADDRESS	P.O. BOX 656
CITY-ST-ZIP	BEULAH, MI 49617
TITLE	VP
NAME	HALL, LARRY
STREET ADDRESS	RT 3 BOX 120
CITY-ST-ZIP	GEORGIANA, AL 36033

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Katie Culpepper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katie Culpepper

5-11-06 *850-623-3601*

Date

Daytime Phone #