

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755935

FILED
Jan 15, 2008
Secretary of State

Entity Name: BEACHVIEW HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

788 BIRDIE VIEW PT
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 793
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 01-0107385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECHT, CHARLES W
788 BIRDIE VIEW PT
SANIBEL, FL 33957 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: T () Delete
Name: SPECHT, CHARLES
Address: 788 BIRDIE VIEW DR
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: SHARP, TRACI
Address: 657 BIRDIE VIEW DR
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: MCDERMOTT, SUE
Address: 1222 PAR VIEW DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: BERGER, JOEL
Address: 1265 PARKVIEW DR
City-St-Zip: SANIBEL, FL 33957

Title: S (X) Delete
Name: CAPPS, LORRAINE
Address: 1295 PAR VIEW DR
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SPECHT, CHARLES
Address: 788 BIRDIE VIEW PT
City-St-Zip: SANIBEL, FL 33957

Title: P (X) Change () Addition
Name: MCDERMOTT, SUE
Address: 1222 PAR VIEW DR
City-St-Zip: SANIBEL, FL 33957

Title: D (X) Change () Addition
Name: MULKA, BARB
Address: 1225 PAR VIEW DR
City-St-Zip: SANIBEL, FL 33957

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

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

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: CHARLES SPECHT

T

01/15/2008

Electronic Signature of Signing Officer or Director

Date