

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 763109**

1. Entity Name

**THE BEACH CONDOMINIUMS OWNERS' ASSOCIATION, INC.**

Principal Place of Business

8459 GULF BLVD  
NAVARRE BCH FL 32566  
US

Mailing Address

8459 GULF BLVD  
NAVARRE BEACH FL 32566  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2573576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, LINDA  
8138 ESCOLA ST  
NAVARRE FL 32566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MILLIGAN, JAMES  
STREET ADDRESS 8993 PEMBROKE ELLIS  
CITY-ST-ZIP MEMPHIS TN 38133TITLE T ☐ Delete  
NAME NEWBILL, MERRILL  
STREET ADDRESS 972 GRAND CORAL DR  
CITY-ST-ZIP GULF BREEZE FL 32561TITLE AT ☐ Delete  
NAME WAGONER, LINDA  
STREET ADDRESS 822 CREEK TRAIL  
CITY-ST-ZIP ANNISTON AL 36206TITLE VP ☐ Delete  
NAME STANDLEY, RAYFORD  
STREET ADDRESS 3000 CHIPPEWA LANE  
CITY-ST-ZIP PACE FL 32571TITLE S ☐ Delete  
NAME MARKS, SHARON  
STREET ADDRESS 1400 FAIRHAVEN DR  
CITY-ST-ZIP GAUTIER MS 39553TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME AT  
STREET ADDRESS Wagoner Linda  
CITY-ST-ZIP 7740 GULF BLVD  
NAVARRE BEACH, FL 32566TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS Ray Standley  
CITY-ST-ZIP 845 ESCONDIDAS PLACE  
PENSACOLA, FL 32506TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02 850-939 9117

CR2E037 (4/02)