

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90314 026 ****61.25

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 & State		City & State			
Zip	Country	Zip	Country		
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 <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLIGAN, JAMES		NAME	officer	
STREET ADDRESS	8993 PEMBROKE ELLIS		STREET ADDRESS	→	
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP	→	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWBILL, MERRILL		NAME	Secretary William Majeau	
STREET ADDRESS	972 GRAND CORAL DR		STREET ADDRESS	7771 Whitesands Blvd	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Navarre Beach, FL 32566	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGONER, GARY		NAME	VP	
STREET ADDRESS	7740 GULF BLVD.		STREET ADDRESS	→	
CITY-ST-ZIP	NAVARRE BEACH, FL 32566		CITY-ST-ZIP	→	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANDLEY, RAYFORD		NAME	Treasurer Joe Brendle	
STREET ADDRESS	845 ESCONDITAS PLACE		STREET ADDRESS	105 Maridale Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	West Monroe, LA 71291	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, DAN		NAME	President	
STREET ADDRESS	1400 FAIRHAVEN DR		STREET ADDRESS	→	
CITY-ST-ZIP	GAUTIER, MS 39553		CITY-ST-ZIP	→	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Linda Irwin LINDA IRWIN</u> <u>4/8/04</u> <u>850-939-9117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					