


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

\$6125
FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 763109 1. Entity Name THE BEACH CONDOMINIUMS OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 8459 GULF BLVD NAVARRE BEACH, FL 32566 US	Mailing Address 4092 ROCKY DRIVE NICEVILLE, FL 32578 US
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01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2573576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANKENEY, LARRY 4092 ROCKY DRIVE NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANKENEY, LARRY 4092 ROCKY DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLEMAN, RALPH 4017 FAIRCHASE LANE HOOVER, AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVER, RAYMOND 107 ADELE AVENUE PITTSBURGH, PA 15233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANOVAL, CAROL 125 FOUST ROAD GRAHAM, NC 27253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJEAU, WILLIAM 2041 EVERGLADES DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*U000000883930
04/17/08-80023-015 61.25*

**DO NOT WRITE
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: *Lawrence A Ankeney* **LAWRENCE A
ANKENEY** *4/2/08 850-678-4139*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #