

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90129 043 ****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

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

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MILLIGAN, JAMES**
STREET ADDRESS **8993 PEMBROKE ELLIS**
CITY-ST-ZIP **MEMPHIS TN 38133**

TITLE **T** ☐ Delete
NAME **NEWBILL, MERRILL**
STREET ADDRESS **972 GRAND CORAL DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **AT** ☐ Delete
NAME **WAGONER, LINDA**
STREET ADDRESS **7740 GULF BLVD.**
CITY-ST-ZIP **NAVARRE BEACH FL 32566**

TITLE **VP** ☐ Delete
NAME **STANDLEY, RAYFORD**
STREET ADDRESS **845 ESCONDITAS PLACE**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **S** ☐ Delete
NAME **MARKS, SHARON**
STREET ADDRESS **1400 FAIRHAVEN DR**
CITY-ST-ZIP **GAUTIER MS 39553**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **WAGONER, GARY**
STREET ADDRESS **7740 GULF BLVD**
CITY-ST-ZIP **Navarre Beach, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DAN MARKS**
STREET ADDRESS **1400 FAIRHAVEN DR**
CITY-ST-ZIP **Gautier, MS 39553**

TITLE ☐ 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 REQUIRED

CR2E037 (10/02)