


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90361 018 ****61.25

DOCUMENT # 764550 1. Entity Name BEACHWALK VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12273 U S HWY 98 SUITE 208 DESTIN, FL 32550 US			Mailing Address 12273 U S HWY 98 SUITE 208 DESTIN, FL 32550 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 62-1271099		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 SCOTT, WALTER D 12273 U S HWY 98 SUITE 208 DESTIN, FL 32550			7. Name and Address of New Registered Agent Name <u>Jim Starnes</u> Street Address (P.O. Box Number is not Acceptable) <u>12273 U.S. Hwy 98, Suite 208</u> City <u>Destin</u> FL <u>32550</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Agent</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2/22/07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, THOMAS 5206 BEAWALK DR DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keith Russell 9902 Spring Ridge Dr. Louisville, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EVERS, DON 4234 ST CLOUD WAY CLEVELAND, OH 45002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D chuck stoyer 5143 Beachwalk Circle Miramar Beach, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, THOMAS 5206 BEACHWALK DR DESTIN, FL 32550	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walt Hendry P.O. Box 2355 Smyrna, GA 30081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEESSEN, DON 3225 WINDERLY PINE COVE MEMPHIS, TN 38125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOBELEK, JOHN 8808 ST. ANDREWS DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAIL 6655 WYNDWATCH DR CINCINNATI, OH 45230	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas C. Kelly</u>		<u>3/6/07</u>		<u>850 654 2000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	