

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 035 ****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

40003713



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

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
62-1271099

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

STAINES, JIM
12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550

Name Jim Starnes
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]

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

(NOTE: Registered Agent signature required when reinstating)

1-11-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME KELLY, THOMAS
STREET ADDRESS 5206 BEAWALK DR
CITY-ST-ZIP DESTIN, FL 32550

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME EVERS, DON
STREET ADDRESS 4234 ST CLOUD WAY
CITY-ST-ZIP CLEVES, OH 45002

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

TITLE D ☐ Delete
NAME RUSSELL, KEITH
STREET ADDRESS 9902 SPRING RIDGE DR
CITY-ST-ZIP LOUISVILLE, KY 40223

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

TITLE STD ☐ Delete
NAME HEESEN, DON
STREET ADDRESS 3225 WINDERLY PINE COVE
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE Director ☒ Change ☐ Addition
NAME Heezen
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DOBELEK, JOHN
STREET ADDRESS 8808 ST. ANDREWS DRIVE
CITY-ST-ZIP DESTIN, FL 32550

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

TITLE D ☐ Delete
NAME STOYER, CHUCK
STREET ADDRESS 5143 BEACHWALK CIRCLE
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

Date

Daytime Phone #