

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770408 (3)
1. Corporation Name
BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% GREEN & GREEN
22 E. BALDWIN AVE. BOX 609
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified **09/23/1983** 3a. Date of Last Report **05/01/1995**
4. FEI Number **58-1741005** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
GREEN, WILLIAM H.
22 E. BALDWIN AVENUE
P.O. BOX 609
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	OD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, HANS	1.2 NAME	JOE MIDDLEBROOKS
STREET ADDRESS	1409 GREENVIEW WAY	1.3 STREET ADDRESS	RT 1
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30246
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	OD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNEY, KEN	2.2 NAME	JOE PARKER
STREET ADDRESS	494 EMBRY LANE	2.3 STREET ADDRESS	PO BOX 88
CITY-ST-ZIP	MARIETTA GA 30066	2.4 CITY-ST-ZIP	DOERUN GA 31774
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	OD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, JOE	3.2 NAME	MARTIN DI SOUZA
STREET ADDRESS	5305 CHEMIN DE VIE	3.3 STREET ADDRESS	5250 OAKS LANDING
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	SUGAR HILL GA 30518
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	OD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELAN, BARBARA	4.2 NAME	SOZAN MURPHY
STREET ADDRESS	3660 AUTUMN RIDGE PKWY	4.3 STREET ADDRESS	705 HELDI LN
CITY-ST-ZIP	MARIETTA GA 30066	4.4 CITY-ST-ZIP	SHORE VIEW MN 55126
TITLE	OD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ST. AUBIN, RAY	5.2 NAME	
STREET ADDRESS	1230 COTTONWOOD TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	5.4 CITY-ST-ZIP	
TITLE	OD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZCLAW, PAUL	6.2 NAME	
STREET ADDRESS	605 PATRICK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2-3-96** DAYTIME PHONE #: **770-441-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **K. G. CARNEY** (21)

CR2E037 (12/95)