


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770408 (3)
 1. Corporation Name
BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business % GREEN & GREEN 22 E. BALDWIN AVE. BOX 609 DEFUNIAK SPRINGS FL 32433	Mailing Address % GREEN & GREEN 22 E. BALDWIN AVE. BOX 609 DEFUNIAK SPRINGS FL 32433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 58-1741005	3a. Date of Last Report 02/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HANSON, HANS	
STREET ADDRESS	1409 GREENVIEW WAY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARNEY, KEN	
STREET ADDRESS	494 EMBRY LANE	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COBB, JOE	
STREET ADDRESS	5305 CHEMIN DE VIE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	MIDDLEBROOKS, JOE	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	WARWICK GA	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	DE ST. AUBIN, RAY	
STREET ADDRESS	1230 COTTONWOOD TRAIL	
CITY-ST-ZIP	CUMMING GA 30130	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JOE	
STREET ADDRESS	P.O. BOX 88 NA	
CITY-ST-ZIP	DOERUN GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EMILIE PAULLE	
1.3 STREET ADDRESS	1413 NORTHVIEW AVE	
1.4 CITY-ST-ZIP	ATLANTA GA 30306	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)