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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified
09/23/1983

4. FEI Number
58-1741005

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 3010 S. Hwy 395 Suite, Apt. #, etc.	2a. Mailing Address 26 3010 S. Hwy 395 Suite, Apt. #, etc.
22 City & State 23 Santa Rosa Beach, FL	27 City & State 28 Santa Rosa Beach, FL
24 Zip 32459	25 Country Walton
29 Zip 32459	30 Country Walton

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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)	3010 S. Hwy 395
83	
84 City	Santa Rosa Beach FL
85 Zip Code	32459

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 Nora Murphy - Nora Murphy CAM DATE 3-3-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, HANS	1.2 NAME	Timothy McNeil
STREET ADDRESS	1409 GREENVIEW WAY	1.3 STREET ADDRESS	5069 East Fair Drive
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	1.4 CITY-ST-ZIP	Littleton, Co. 80121
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNEY, KEN	2.2 NAME	Pamela Stuckey
STREET ADDRESS	494 EMBRY LANE	2.3 STREET ADDRESS	3695 B Hwy 30A Unit 19
CITY-ST-ZIP	MARIETTA GA 30066	2.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, JOE	3.2 NAME	Ann Herrera
STREET ADDRESS	5305 CHEMIN DE VIE	3.3 STREET ADDRESS	323 Glendale Ave.
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Decatur, Ga. 30030
TITLE	OD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MIDDLEBROOKS, JOE	4.2 NAME	
STREET ADDRESS	RT 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK GA	4.4 CITY-ST-ZIP	
TITLE	OD <input checked="" 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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAILLE, EMILE	6.2 NAME	
STREET ADDRESS	1413 NORTHVIEW AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. 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 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] **1/19/98 770-422-7192**

CR2E037 (10/97)