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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770408

1. Corporation Name  
BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business  
3010 S. HWY 395  
SANTA ROSA BEACH FL 32459  
US

Mailing Address  
% GREEN & GREEN  
3010 S. HWY 395  
SANTA ROSA BEACH FL 32459  
US

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 09/23/1983  
22 City & State 27 City & State 4. FEI Number 58-1741005 Applied For  
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  
24 25 29 30 6. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent  
GREEN, WILLIAM H.  
3010 S. HWY 395  
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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: *[Signature]* DATE: 4-22-99  
(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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, HANS	1.2 NAME	
STREET ADDRESS	1409 GREENVIEW WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, KEN	2.2 NAME	
STREET ADDRESS	494 EMBRY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30066	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, JOE	3.2 NAME	
STREET ADDRESS	5305 CHEMIN DE VIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	OD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEEL, TIMOTHY	5.2 NAME	
STREET ADDRESS	5069 EAST FAIR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO 80121	5.4 CITY-ST-ZIP	
TITLE	OD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAILLE, EMILIE	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/26/99 850-281-4205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)