

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90268 033 ****61.25

DOCUMENT # 770408

1. Entity Name

BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3010 S. HWY 395
 SANTA ROSA BEACH FL 32459
 US

~~3010 S. HWY 395~~
 3010 S. HWY 395
 SANTA ROSA BEACH FL 32459
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1741005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, NORA
 3010 SOUTH HIGHWAY 395
 SANTA ROSA BEACH FL 32459

Name

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

SIGNATURE *Nora Murphy* *Nora Murphy - CAM manager 2-24-00*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	MCNEEL, TIMOTHY	
STREET ADDRESS	5069 EAST FAIR DRIVE	
CITY-ST-ZIP	LITTLETON CO 80121	
TITLE	OD	<input type="checkbox"/> Delete
NAME	PAILLE, EMILIE	
STREET ADDRESS	1413 NORTHVIEW AVE	
CITY-ST-ZIP	ATLANTA GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Stuckey	
STREET ADDRESS	3692 E. Co. Hwy 304 #19	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emilie Paille	
STREET ADDRESS	1413 Northview Ave	
CITY-ST-ZIP	Atlanta, Ga. 30306	

12. 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 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: *Ken Carney* *2/14/00* *770-422-7102*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)