2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# 770408

Entity Name: BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1741005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HANSON, HANS,
Address: 1409 GREENVIEW WAY
City-St-Zip: LAWRENCEVILLE, GA 30244

Title: D ( ) Delete
Name: CARNEY, KEN,
Address: 494 EMBRY LANE
City-St-Zip: MARIETTA, GA 30066

Title: ST ( ) Delete
Name: MOLINE, LYNN
Address: 5917 VIEW LANE
City-St-Zip: EDINA, MN 55436

Title: D ( ) Delete
Name: MCNEEL, TIMOTHY
Address: 5069 EAST FAIR DRIVE
City-St-Zip: LITTLETON, CO 80121

Title: P ( ) Delete
Name: PAILLE, EMILIE
Address: 1413 NORTHVIEW AVENUE NE
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: HANSON, HANS
Address: 85 LONG SWAMP COURT #20028
City-St-Zip: JASPER, GA 30143

Title: D (X) Change ( ) Addition
Name: CARNEY, KEN
Address: 494 EMBRY LANE
City-St-Zip: MARIETTA, GA 30066

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIE PAILLE PRES 04/21/2004

Electronic Signature of Signing Officer or Director Date