


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90236 013 ****61.25

DOCUMENT # 770408 1. Entity 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 - No P.O. Box # 5311 E. Co. Hwy 30A		3. Mailing Address Beachside			
Suite, Apt. #, etc. Suite #4		Suite, Apt. #, etc. P.O. Box 46665			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL			
Zip 32459	Country U.S.	Zip 32459	Country U.S.	4. FEI Number 58-1741005	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, NORA 3010 SOUTH HIGHWAY 395 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Nora Murphy Street Address (P.O. Box Number is Not Acceptable) 5311 E. Co. Hwy 30-A Suite #4 City Santa Rosa Beach FL Zip Code 32459	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Nora Murphy</i></u> Nora Murphy 4-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, HANS <input type="checkbox"/> Delete 85 LONG SWAMP COURT #20028 JASPER, GA 30143			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH CARNEY, KEN <input type="checkbox"/> Delete 494 EMBRY LANE MARIETTA, GA 30066			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOLINE, LYNN <input type="checkbox"/> Delete 5917 VIEW LANE EDINA, MN 55436			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, TIMOTHY <input type="checkbox"/> Delete P.O. BOX 611236 ROSEMARY BEACH, FL 32461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, ANN <input type="checkbox"/> Delete 1403 S. MCDONOUGH ST DECATUR, GA 30030			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Hans A. Hanson</i></u> HANS A. HANSON 4-19-07 950-231-4205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					