

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770408

FILED
May 01, 2008
Secretary of State

Entity Name: BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. CO. HWY 30A
SUITE 4
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4665
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURPHY, NORA
5311 E. CO. HWY 30-A
SUITE 4
SANTA ROSA BEACH, FL 32459 US

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: PD () Delete
Name: HANSON, HANS
Address: 85 LONG SWAMP COURT #20028
City-St-Zip: JASPER, GA 30143

Title: CH () 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: MCNAMARA, TIMOTHY
Address: P.O. BOX 611236
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: D () Delete
Name: HERRERA, ANN
Address: 1403 S. MCDONOUGH ST
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: HANS HANSON

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date