

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 016 ****61.25

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1. Entity Name

BEACH POINTE OWNERS ASSOCIATION, INC.



Principal Place of Business

3695 SCENIC HWY 98
DESTIN FL 32541

Mailing Address

3695 SCENIC HWY 98
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number
59-3550936

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, BILL
BCH PT OWNERS ASSO., INC
3695 SCENIC HWY 98
DESTIN FL 32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SASSANO, RONALD L	
STREET ADDRESS	50 SURFSOING LN STE 101	
CITY-ST-ZIP	MIRAMAR BEACH FL 32550	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SASSANO, DENNIS	
STREET ADDRESS	50 SURFSOING LN STE 101	
CITY-ST-ZIP	MIRAMAR BEACH FL 32550	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SASSANO, MARIE	
STREET ADDRESS	50 SURFSOING LN STE 101	
CITY-ST-ZIP	MIRAMAR BEACH FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ROBERT	
STREET ADDRESS	2640 STONEY BROOK LN	
CITY-ST-ZIP	MAHETTA, GA 30062	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, BILL	
STREET ADDRESS	9712 MAPLE HILL DR.	
CITY-ST-ZIP	DALLAS, TX 75238	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACQUEEN, BRUCE	
STREET ADDRESS	41 BURDET RD	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIN, FRED	
STREET ADDRESS	3400 HIGHGATE BLVD DR.	
CITY-ST-ZIP	DULUTH, GA 30397	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNUTT, TATA	
STREET ADDRESS	3695 SCENIC HWY 98, #1104	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/05 650-2800