


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90020 028 ****61.25

DOCUMENT # N00000003567					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6550936 3661690	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, BILL BCH PT OWNERS ASSO., INC 3695 SCENIC HWY 98 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANMORE, ROGER D PO BOX 18513 HUNTSVILLE, AL 35804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO STONE, JAMES C 3695 SCENIC HWY 98 #803 DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACEWEN, BRUCE 41 BURDETT RD ATLANTA, GA 30327 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT HUGHES 41 BURDET RD. ATLANTA, GA 30327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DEPIETRO, PHIL 3695 SCENIC HWY 98 #1001 DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARACE, JAMES 3695 SCENIC HWY 98, #103 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID TEETZ 4474 CLIPPER COVE DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" 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 life empowers.					
SIGNATURE: <i>for James C Stone, President</i> 4/10/08 850 650-2800					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #</small>					

BEACH POINTE OWNERS ASSOCIATION, INC.
3695 SCENIC HIGHWAY 98
DESTIN, FL 32541
850 650-2800

ATTACHMENT
40066597
N00000003567

April 11, 2008

Florida Department of State
Division of Corporations
PO Box 1400
Tallahassee, FL 32302-1500

Ref: Annual Corp. Report FEIN correction

To Whom It May Concern,

It has recently come to my attention, the FEIN identified on Beach Pointe Owners' Association, Not For Profit Corporation Report has (in box 4) the wrong FEIN number.


The listed number belonged to the Developer of the Beach Pointe property. It appears, the developer's FEIN was submitted in error in place of the Association's FEIN.

My research shows that all tax filings have been using the Association's correct FEIN.

I am attaching the 2006 tax filing (1st page) for Beach Pointe Owner's Association, Inc., as filed to both the US Treasury and the State of Florida.

Thank you for your assistance in this matter.

Cordially Yours,


Bill Hopkins, Community Association Manager
850 650-2800
850 650-2801 (Fax)
E-Mail - srhop@yahoo.com

ATTACHMENT

40066597

N00000003567

Form **1120**Department of the Treasury
Internal Revenue Service (77)

U.S. Corporation Income Tax Return

For calendar year 2006 or tax year beginning _____, 2006, ending _____

▶ See separate instructions.

OMB No. 1545-0123

2006**A Check if:**

- 1 Consolidated return (attach Form 851) ☐
- 2 Personal holding company (attach Schedule PH) ☐
- 3 Personal service corp (see instructions) ☐
- 4 Schedule M-3 required (attach Sch M-3) ☐

Use IRS label. Otherwise, print or type.

BEACH POINTE OWNERS ASSOCIATION, INC.
3695 Scenic Hwy. 98
Destin, FL 32541

B Employer identification number

59-3661690

C Date incorporated

6/01/2000

D Total assets (see instructions)

\$ 0.

E Check if:

(1) Initial return (2) Final return (3) Name change (4) Address change

I N C O M E	1 a Gross receipts or sales	62,306.	b Less returns & allowances		c Balance	▶	1 c	62,306.
	2 Cost of goods sold (Schedule A, line 8)						2	
	3 Gross profit. Subtract line 2 from line 1c						3	62,306.
	4 Dividends (Schedule C, line 19)						4	
	5 Interest						5	11.
	6 Gross rents						6	
	7 Gross royalties						7	
	8 Capital gain net income (attach Schedule D (Form 1120))						8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)						9	
	10 Other income (see instructions — attach schedule)		See Statement 1				10	35.
	11 Total income. Add lines 3 through 10						▶ 11	62,352.
D E D U C T I O N S F O R L I M I T A T I O N S S E E I N S T R U C T I O N S	12 Compensation of officers (Schedule E, line 4)						12	
	13 Salaries and wages (less employment credits)						13	
	14 Repairs and maintenance						14	3,866.
	15 Bad debts						15	
	16 Rents						16	
	17 Taxes and licenses						17	249.
	18 Interest						18	
	19 Charitable contributions						19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)						20	
	21 Depletion						21	
	22 Advertising						22	
	23 Pension, profit-sharing, etc. plans						23	
	24 Employee benefit programs						24	
	25 Domestic production activities deduction (attach Form 8903)						25	
	26 Other deductions (attach schedule)		See Statement 2				26	58,237.
	27 Total deductions. Add lines 12 through 26						▶ 27	62,352.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						28	0.
29 Less: a Net operating loss deduction (see instructions)		29 a						
b Special deductions (Schedule C, line 20)		29 b				29 c		
T A X A N D P A Y M E N T S	30 Taxable income. Subtract line 29c from line 28 (see instructions)						30	0.
	31 Total tax (Schedule J, line 10)						31	0.
	32 a 2005 overpayment credited to 2006	32 a						
	b 2006 estimated tax payments	32 b						
	c 2006 refund applied for on Form 4466	32 c						
	d Balance	32 d		0.				
	e Tax deposited with Form 7004	32 e						
	f Credits: (1) Form 2439 (2) Form 4136	32 f						
	g Credit for federal telephone excise tax paid (attach Form 8913)	32 g					32 h	0.
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached						33	
	34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34	0.
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35		
36 Enter amount from line 35 you want: Credited to 2007 estimated tax						▶ 36		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature

Douglas Young

Date

9/24/07

Check if self-employed ☐

Preparer's SSN or PTIN

P00089522

Firm's Name (or yours if self-employed), address, and ZIP code

Douglas E. Young, P.A., CPA
151 Regions Way, Suite 5-D
Destin, FL 32541

EIN 59-3618723

Phone no. (850) 837-2722



Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07
INTU

FEIN 59-3661690

For calendar year 2006 or tax year beginning _____, 2006 ending _____

872102006123100020050370359366169000002

ATTACHMENT

40066597

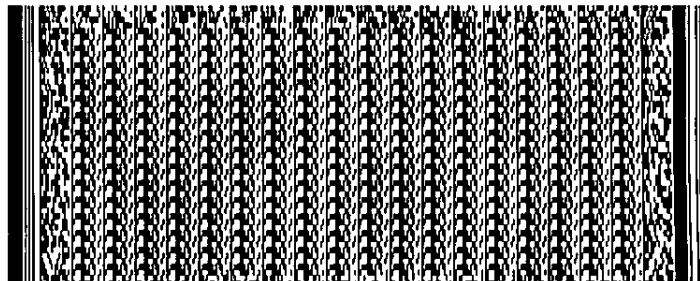
NO00000003567

Name **BEACH POINTE OWNERS ASSOCIATION, INC**

Address

Address **3695 Scenic Hwy. 98**

CSZ **Destin, FL 32541**



☐ Check here if any changes have been made to name or address ☒ Check here if you do not want the Department to send you a form next year

Computation of FL Net Income & Emergency Excise Tax

1	Federal taxable income (see instructions) — Attach pages 1 - 4 of federal return.	1	
2	State income taxes deducted in computing federal taxable income (attach schedule).	2	
3	Additions to federal taxable income (from Schedule I).	3	
4	Total of Lines 1, 2 and 3.	4	
5	Subtractions from federal taxable income (from Schedule II).	5	
6	Adjusted federal income (Line 4 minus Line 5).	6	
7	Florida portion of adjusted federal income (see instructions).	7	
8	Nonbusiness income allocated to Florida (from Schedule R).	8	
9	Florida exemption.	9	0.
10	Florida net income (Line 7 plus Line 8 minus Line 9).	10	0.
11	Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).	11	0.
12	Credits against the tax (from Schedule V, Line 16).	12	
13	Emergency excise tax due (from Schedule A, Line 20).	13	
14	Total corporate income/franchise and emergency excise tax due (see instructions).	14	
15a	Penalty: F-2220 _____	b Other _____	
c	Interest: F-2220 _____	d Other _____	Line 15 Total ▶ 15
16	Total of Lines 14 and 15.	16	
17	Payment credits: Estimated tax payments. 17a \$ _____		
	Tentative tax payment. 17b \$ _____	17	
18	Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or Line 20.	18	
19	Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon.	19	
20	Refund: Enter amount of overpayment to be refunded here and on payment coupon.	20	

FLCA0512L 09/27/06

2006 Florida Corporate Income Tax Return

YEAR ENDING 12/31/2006

INTU
F-1120
R 01/07

Do Not Detach

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name **BEACH POINTE OWNERS ASSOCIATION, INC.** Check here if you transmitted funds electronically. ▶

Address

Address **3695 Scenic Hwy. 98**

City **Destin** State **FL** ZIP Code **32541**

593661690	0	0	0
20060101	0	0	0
20061231	0	0	0
00000001	0	0	0
001	0	0	0
201	0	0	0
0	0	0	0
0	0	0	0