


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2005 90037 027 ****70.00

DOCUMENT # N00000005017		
1. Entity Name BEAVER CREEK CROSSING HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 2934 RACETRACK RD ST AUGUSTINE, FL 32095	Mailing Address 2913 RACETRACK RD SAINT AUGUSTINE, FL 32084
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2. Principal Place of Business BCC HOA		3. Mailing Address 0972 RACE TRACK RD	
Suite, Apt. #, etc. 0972 RACE TRACK		Suite, Apt. #, etc.	
City & State SAINT AUGUSTINE		City & State SAINT AUGUSTINE, FL	
Zip 32084	Country USA	Zip 32084	Country USA



07062005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3701202		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FEENEY, WILLIAM 2972 RACETRACK RD SAINT AUGUSTINE, FL 32084		
7. Name and Address of New Registered Agent Name: WILLIAM S. FEENEY Street Address (P.O. Box Number is Not Acceptable): 0972 RACE TRACK RD City: SAINT AUGUSTINE FL Zip Code: 32084		

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: William S. Feeney DATE: 7/5/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEENEY, WILLIAM 2972 RACETRACK RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FEENEY, WILLIAM 0972 RACE TRACK RD SAINT AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, MIKE 2904 RACETRACK SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT MOORE 2957 RACE TRACK RD SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHANAHAN, MARY ANN 2913 RACETRACK RD SAINT AUGUSTINE, FL 32084 <input checked="" 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	D LORD, DAVE 2937 RACETRACK RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORD, DAVE 0972 RACE TRACK RD SAINT AUGUSTINE, FL 32084 <input checked="" 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	D HARRY BERG 2928 RACE TRACK RD SAINT AUGUSTINE FL 32084 <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	D PHILIP LYON 2960 RACE TRACK RD ST AUGUSTINE FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: William S. FEENEY DST William Feeney DATE: 7/5/05 DAYTIME PHONE: 904 810 4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR