


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90196 040 ****61.25

DOCUMENT # N00201	
1. Entity Name THE BEACHDRIFTER OWNERS ASSOCIATION, INC.	

Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044
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50001285



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

03082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SELLERS, EMORY
STREET ADDRESS	8153 SEVEN MILE DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPD <input type="checkbox"/> Delete
NAME	CARTER, DAVID
STREET ADDRESS	4223 TRADEWINDS DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	SD <input type="checkbox"/> Delete
NAME	FREDERICK, DIANE
STREET ADDRESS	10 11TH AVE N #304
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	TD <input type="checkbox"/> Delete
NAME	WOJNOWICZ, TOM
STREET ADDRESS	10 11TH AVE N #203
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D <input type="checkbox"/> Delete
NAME	REID, WILLIAM
STREET ADDRESS	1828 MILL CREEK RD
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32211
TITLE	D <input type="checkbox"/> Delete
NAME	STONER, LYNN
STREET ADDRESS	1370 PLEASANT VALLEY DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, ELAINE
STREET ADDRESS	10 11TH AVE N #201
CITY-ST-ZIP	JACKSONVILLE FL 32250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Emory Sellers* **4/4/07** **904-564-8884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #