

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002852**

1. Entity Name  
BEACH PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
704 HWY 98  
MEXICO BEACH, FL 32410

Mailing Address  
PO BOX 9172  
DOTHAN, AL 36304-1172

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
81-0581077

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EGGE, DENNIS  
704 HWY 98 UNIT 1  
MEXICO BEACH, FL 32410

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000632376  
02/21/07-80019-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
EGGE, DENNIS  
704 HWY 98  
MEXICO BEACH, FL 32410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
PERVILLO, MIKE  
704 HWY 98 UNIT 5  
MEXICO BEACH, FL 32410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
CHAMPAGNE, CIRO  
704 HWY 98 UNIT 9  
MEXICO BEACH, FL 32410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #