


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000002852 1. Entity Name BEACH PLACE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 704 HWY 98 MEXICO BEACH, FL 32410	Mailing Address PO BOX 9172 DOTHAN, AL 36304-1172
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 81-0581077	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EGGE, DENNIS 704 HWY 98 UNIT 1 MEXICO BEACH, FL 32410
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/08-80101-003 61.25

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/17/08 <small>Date</small>	334-983-8735 <small>Daytime Phone #</small>
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