

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91202 020 \*\*\*\*61.25

**DOCUMENT # NO1000004192**

1. Entity Name

**BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**17 TANGLE WOOD DRIVE  
 SANTA ROSE BEACH FL 32459**

**17 TANGLE WOOD DRIVE  
 SANTA ROSE BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARPER, BRENDA  
 17 TANGLE WOOD DRIVE  
 SANTA ROSE BEACH FL 32459**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **WYROUGH, WILLIAM E JR**  
 CITY-ST-ZIP **120 SANDSTONE ST  
 SANTA ROSA BEACH FL 32459**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
 STREET ADDRESS **BARRY, KATHY**  
 CITY-ST-ZIP **97 GRANDE AVE  
 SANTA ROSA BEACH FL 32459**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
 STREET ADDRESS **FROESCHUER, THERESA**  
 CITY-ST-ZIP **95 TANGLEWOOD DRIVE  
 SANTA ROSA BEACH FL 32459**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
 STREET ADDRESS **SARPER, BRENDA**  
 CITY-ST-ZIP **17 TANGLE WOOD DRIVE  
 SANTA ROSE BEACH FL 32459**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-2002**

Date

Daytime Phone #

850-  
 267-  
 2907

CR2E037 (9/01)