

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 020 ****61.25

DOCUMENT # N01000004192 1. Entity Name BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 17 TANGLE WOOD DRIVE SANTA ROSE BEACH, FL 32459		Mailing Address 17 TANGLE WOOD DRIVE SANTA ROSE BEACH, FL 32459	
2. Principal Place of Business 97 GRANDE AVE Suite, Apt. #, etc.		3. Mailing Address 97 GRANDE AVE Suite, Apt. #, etc.	
City & State SANTA ROSA BEACH FL Zip 32459		City & State SANTA ROSA BEACH FL Zip 32459	
4. FEI Number 02-0583120		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARPER, BRENDA 17 TANGLE WOOD DRIVE SANTA ROSE BEACH, FL 32459		7. Name and Address of New Registered Agent Name HACMILLAN MILLER L Street Address (P.O. Box Number is Not Acceptable) 97 GRANDE AVE City SANTA ROSA BEACH FL Zip Code 32459	
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 DATE 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WYROUGH, WILLIAM E JR 120 SANDSTONE ST SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRY, KATHY 97 GRANDE AVE SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FROESCHUER, THERESA 95 TANGLEWOOD DRIVE SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SARPER, BRENDA 17 TANGLE WOOD DRIVE SANTA ROSE BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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	<input type="checkbox"/> Change <input 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MILLER L. HACMILLAN	
Date 4/23/04		Daytime Phone # 850-622-1577	