

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 037 ****61.25

DOCUMENT # N01000004192

1. Entity Name
**BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**97 GRANDE AVE
SANTA ROSA BEACH, FL 32459**

Mailing Address
**97 GRANDE AVE
SANTA ROSA BEACH, FL 32459**

14012764



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0583120

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MACMILLAN, MILLER L
97 GRANDE AVE
SANTA ROSA BEACH, FL 32459**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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	DT MACMILLAN, MILLER 97 GRANDE AVE SANTA ROSA BEACH, FL 32459	BRENDA SARPER 17 TANGLEWOOD DR. SANTA ROSA BEACH. FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLEET, PHILIP 11272 FAIRWIND WAY RESTON, VA 20190	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEATH, ANN 244 SANDSTONE ST SANTA ROSA BEACH, FL 32459	
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 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

4-75-2005 850-267-3827

Date

Daytime Phone #