

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90231 012 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt., #, etc. 35 Grande Ave		Suite, Apt., #, etc. 35 Grande Ave			
City & State Santa Rosa Bch., FL		City & State Santa Rosa Bch., FL			
Zip 32459		Country USA		Zip 32459	
Country USA		Country USA			
6. Name and Address of Current Registered Agent MACMILLAN, MILLER L 97 GRANDE AVE SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name: Carol S. Weinstein Street Address (P.O. Box Number is Not Acceptable): 35 Grande Ave City: Santa Rosa Bch., 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: <u>Carol S. Weinstein</u> <u>Carol S. Weinstein</u> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SARPER, BRENDA 17 TANGLEWOOD DR SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLEET, PHILIP 11272 FAIRWIND WAY RESTON, VA 20190	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEATH, ANN 244 SANDSTONE ST SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Carol S. Weinstein 35 Grande Ave, Santa Rosa Bch., FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Floanne Priest 81 Grande Ave Santa Rosa Bch., FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Carol S. Weinstein</u> <u>Carol S. Weinstein</u> <u>4/28/06</u> <u>850 267-0003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					