


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 027 ****61.25

DOCUMENT # N01000004192 1. Entity Name BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 35 GRANDE AVE SANTA ROSA BEACH, FL 32459				Mailing Address 97 GRANDE AVE SANTA ROSA BEACH, FL 32459 <i>(change to)</i>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc. 35 Grande Ave.	
City & State Zip Country Zip Country				4. FEI Number 02-0583120	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04172007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WEINSTEIN, CAROL S 35 GRANDE AVE SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent 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. 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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEINSTIEN, CAROL S 35 GRANDE AVE. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEINSTEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(correct spelling)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRIEST, FLOANNE 81 GRNADE AVE. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	81 GRANDE AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(correct road name)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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 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: <i>Carol S. Weinstein</i>			4/30/07 (850) 269-0003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		