



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N01000004192</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>(change to)</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 35 Grande Ave.			
City & State		City & State			
Zip	Country	Zip	Country	04172007 Chg-NP CR2E037 (12/06)	
4. FEI Number 02-0583120				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYROUGH, WILLIAM E JR		NAME		
STREET ADDRESS	120 SANDSTONE ST		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEET, PHILIP		NAME		
STREET ADDRESS	11272 FAIRWIND WAY		STREET ADDRESS		
CITY-ST-ZIP	RESTON, VA 20190		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTIEN, CAROL S		NAME	WEINSTEIN	(correct spelling)
STREET ADDRESS	35 GRANDE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRIEST, FLOANNE		NAME	81 GRANDE AVE	(correct road name)
STREET ADDRESS	81 GRNADE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>		Date: 4/30/07		Daytime Phone #: (850) 269-0003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					