


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004192
 1. Entity Name
BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 35 GRANDE AVE SANTA ROSA BEACH, FL 32459	Mailing Address 35 GRANDE AVE SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0583120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**WEINSTEIN, CAROL S
 35 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/22/08-80036-011 61.25

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	DV FLEET, PHILIP 11272 FAIRWIND WAY RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEINSTEIN, CAROL S 35 GRANDE AVE. SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRIEST, FLOANNE 81 GRANDE AVE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carol S. Weinstein **4/8/08 (850) 267-0003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #