

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004192

FILED
Apr 02, 2009
Secretary of State

Entity Name: BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

35 GRANDE AVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

202 SANDSTONE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

35 GRANDE AVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

202 SANDSTONE
SANTA ROSA BEACH, FL 32459

FEI Number: 02-0583120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, CAROL S
35 GRANDE AVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

BARRY, KATHY
202 SANDSTONE
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: KATHY BARRY

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WYROUGH, WILLIAM E JR
Address: 120 SANDSTONE ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV () Delete
Name: FLEET, PHILIP
Address: 11272 FAIRWIND WAY
City-St-Zip: RESTON, VA 20190

Title: DT () Delete
Name: WEINSTEIN, CAROL S
Address: 35 GRANDE AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS () Delete
Name: PRIEST, FLOANNE
Address: 81 GRANDE AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BARRY, KATHY
Address: 202 SANDSTONE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS (X) Change () Addition
Name: COLE, PAM
Address: PO BOX 1467
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BARRY

DT

04/02/2009

Electronic Signature of Signing Officer or Director

Date