2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2005 8:00 am DOCUMENT # N01000004627 Secretary of State 1. Entity Name 04-04-2005 90086 018 ****61.25 ONE BEACH CLUB DRIVE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 1 BEACH CLUB DRIVE DESTIN FL 32550 1 BEACH CLUB DRIVE DESTIN FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 01-0605651 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name homas BENZ, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 150 AZALEA DR. **DESTIN FL 32541** City mai эə 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. LISA Thomas M SIGNATURE FILE NOW: FEE IS \$61:25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 Addition TITLE TITLE Delete BOUDREAUX, ALLEN NAME NAME 4628 FOLSE DR. STREET ADDRESS STREET ADDRESS METAIRIE LA 70006 CITY-ST-ZIP CITY-S1-ZIP STD Delete TITLE TITLE 5710 ☐ Change Addition OLSEN, RODNEY NAME NAME Doug Willis 15000 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS Beach Club Arve # 502 DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP FI Change ☐ Addition TITLE ☐ Detete TITLE BOUDREAUX, ALLEN, JR NAME... NAME 4628 FOLSE DR STREET ADDRESS STREET ADDRESS METAIRIE LA 70006 CITY-ST-7IP CITY-ST-7IP Change TITLE The late TITLE ☐ Addition CHRISTMAN, JUDY NAME NAME 1 BEACH CLUB DR., #1201 STREET ADDRESS STREET ADDRESS DESTIN FL 32550 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete FITLE ☐ Change Addition NAME NAME ichard Lea STREET ADDRESS STREET ADDRESS 8939 St. Clare Drive CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE NAME mike samples NAME 343 Marie Ha Country club Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Kenne Saw

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

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