

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 027 ****61.25

DOCUMENT # N01000004658

1. Entity Name
**ONE BEACH CLUB DRIVE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**15000 EMERALD COAST PARKWAY
DESTIN, FL 32541**

Mailing Address
**15000 EMERALD COAST PARKWAY
DESTIN, FL 32541**

2. Principal Place of Business
1 Beach Club Drive
Suite, Apt. #, etc.

3. Mailing Address
1 Beach Club Drive, #1
Suite, Apt. #, etc.



01222004 Chg-NP CR2E037 (10/03)

City & State
Sandestin, Florida
Zip
32550

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Sandestin, Florida
Zip
32550

4. FEI Number
04-3605471
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name **Darla Grimm**
Street Address (P.O. Box Number is Not Acceptable)
1 Beach Club Dr.
City **Sandestin** FL Zip Code **32550**

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 **Darla Grimm**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECNEL, THOMAS R 15000 EMERALD COAST PARKWAY DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOOK, IAN 9300 HIGHWAY 98 WEST DESTIN, FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLSEN, RODNEY 15000 EMERALD COAST PARKWAY DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allen Boudreaux 4628 Folsie Drive Metairie, LA 70006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Willis 3763 Rogers Bridge Road Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Judith Christman 1 Beach Club Drive, #1201 Sandestin, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: **Judith H. Christman** **JUDITH H. CHRISTMAN** **04/20/04** **850-269-4110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #