


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90073 022 \*\*\*\*61.25

<b>DOCUMENT # N01000004658</b> 1. Entity Name <b>ONE BEACH CLUB DRIVE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1 BEACH CLUB DRIVE MIRAMAR BEACH, FL 32550</b>			Mailing Address <b>1 BEACH CLUB DRIVE MIRAMAR BEACH, FL 32550</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRIMM, DARLA 1 BEACH CLUB DRIVE MIRAMAR BEACH, FL 32550				Name <u>Lisa M. Thomas</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>1 Beach Club Drive #1</u>	
				City <u>Miramar Beach</u> FL Zip Code <u>32550</u>	
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 <u>Lisa M Thomas Association Manager</u> DATE <u>3/18/05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUDREAU, ALLEN		NAME		
STREET ADDRESS	4628 FOLSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA 70006		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, JOHN		NAME		
STREET ADDRESS	2763 ROGERS BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30097		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTMAN, JUDITH		NAME		
STREET ADDRESS	1 BEACH CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>Judy La Marche</u>	
STREET ADDRESS			STREET ADDRESS	<u>One Beach Club Drive #1806</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Miramar Beach, FL 32550</u>	
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 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 <u>Judy La Marche</u>			Date <u>3/18/05</u> (850) <u>450-9340</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		