



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 018 \*\*\*\*61.25

<b>DOCUMENT # N01000005866</b>					
<b>1. Entity Name</b> BEACH COLONY EAST CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 13597 PERDIDO KEY DR PENSACOLA, FL 32507			<b>Mailing Address</b> C/O STEPHENSON RESORT PO BOX 34200 PENSACOLA, FL 32507		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3740107	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STEPHENSON, BRIAN 13597 PERDIDO KEY DR PENSACOLA, FL 32507			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD STOKES, MARGARET M 13597 PERDIDO KEY DR UNIT 16B PENSACOLA, FL 32522	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD STOKES, MARGARET M. 13597 Perdido Key Dr. Unit 16B Pensacola, FL 32522
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, RAY 13597 PERDIDO KEY DR UNIT 11D PENSACOLA, FL 32507	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VB Griffin, RAY 13597 Perdido Key Dr. Unit 11D Pensacola, FL 32507
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD DICKSON, LEWIS H JR 2322 PAULY BROOK DR KNOXVILLE, TN 37932	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, Lewis H. Jr. 2322 PAULY Brook Dr Knoxville, TN 37932
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD BIRD, TONY 508 CARMENERE DR KENNER, LA 70065	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, BRYAN 10 N PINEHURST DR TUSCALOOSA, AL 35401	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete                 </div>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>
<b>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.</b>					
<b>SIGNATURE:</b> 				4/24/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	