


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90332 001 ****61.25

DOCUMENT # N01000007101	
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1. Entity Name
BEACHES ELDERLY HOUSING CORPORATION

Principal Place of Business
115 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

Mailing Address
115 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3751503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, SUSAN C ESQ.
1301 RIVER PLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	LICKFELD, SUE	
STREET ADDRESS	13411 CURRITUCK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENSON, MARVIN T	
STREET ADDRESS	2335 L ATRIUM CIRCLE N.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPTON, JODIE	
STREET ADDRESS	26 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, MARY A	
STREET ADDRESS	698 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORISON, JACK	
STREET ADDRESS	152 ABACO WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIGHT, WILLIAM	
STREET ADDRESS	10 SEATROUT ST.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Sue Lickfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #