2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007101

FILED Apr 20, 2012 Secretary of State

Entity Name: BEACHES ELDERLY HOUSING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

115 THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

115 THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3751503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAXWELL, DOUG ESQ. 3930 DUVAL DRIVE JACKSONVILLE BEACH, FL 32250

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.

III the State of Florida

SIGNATURE:

US

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: LICKFELD, SUE

Address: 13411 CURRITUCK DRIVE WEST City-St-Zip: JACKSONVILLE, FL 32225

Title: VP

Name: MCILVAIN, WILLIAM C JR Address: 169 SUMMERFIELD DRIVE City-St-Zip: PONTE VEDRA, FL 32082

Title: SD

Name: POWELL, SANDY

Address: 700 PONTE VEDRA LAKES BOULEVARD City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD

Name: MORISON, JACK Address: 152 ABACO WAY

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: [

Name: ENRIGHT, WILLIAM Address: 10 SEATROUT ST.

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title:

 Name:
 PATTESON, BONITA

 Address:
 111 RIVERSIDE AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDY POWELL SD 04/20/2012