2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# N01000007544

Entity Name: BEACHSIDE AT ST. AUGUSTINE BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

115 A STREET
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

115 A STREET
ST AUGUSTINE, FL 32080

New Mailing Address:

PMB 196, 1093 A1A BEACH BLVD.
ST AUGUSTINE, FL 32080

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLOODWORTH, SUSAN S
81 KING STREET
SUITE A
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

RINGHAVER, LAUREN C
PMB 196, 1093 BEACH BLVD
ST AUGUSTINE BEACH, FL 32080 US

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.

SIGNATURE: LAUREN C. RINGHAVER 09/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SWISSHELM, TOM
Address: 6216 SW 84TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: DAHL, DALE
Address: 115 A STREET
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DT ( ) Delete
Name: RINGHAVER, LAUREN
Address: 812 A1A BEAH BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAUREN C. RINGHAVER DT 09/16/2008
Electronic Signature of Signing Officer or Director Date