

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90003 014 ****61.25

DOCUMENT # N02000004608																																																																																																									
1. Entity Name THE TERRACES AT BEACHSIDE CONDOMINIUM ASSOCIATION, INC.																																																																																																									
Principal Place of Business 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Mailing Address P O BOX 3000 AMELIA ISLAND, FL 32035 US																																																																																																						
2. Principal Place of Business 32 S. Fletcher Avenue		3. Mailing Address PO Box 6024																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006 Chg-NP CR2E037 (11/05)																																																																																																					
City & State Amelia Island Florida		City & State Amelia Island, FL		4. FEI Number 73-1692428																																																																																																					
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent GREGORY, DAVID B AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">Debra J. Drawdy</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">2402 Los Robles Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>Fernandina Beach</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">32034</td> </tr> </table>			Name	Debra J. Drawdy		Street Address (P.O. Box Number is Not Acceptable)	2402 Los Robles Drive		City	Fernandina Beach	FL	Zip Code	32034																																																																																									
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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>Debra J. Drawdy</u>		<u>Debra J. Drawdy</u>		3/14/06																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																					
Make check payable to Florida Department of State																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD SCANLAN, JOE</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">PD Sherri Simonetti</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>32 SOUTH FLETCHER #205</td> <td>STREET ADDRESS</td> <td>2104 W. Marjory Ave</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FERNANDINA BEACH, FL 32034</td> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33606</td> </tr> <tr> <td>TITLE</td> <td>TD AHMED, KIM</td> <td>TITLE</td> <td>TD Nancy Reynolds</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>368 LUM CROWE</td> <td>STREET ADDRESS</td> <td>249 1/2 Closson Street</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROSWELL, GA 30095</td> <td>CITY-ST-ZIP</td> <td>Santa Fe, NM 87501</td> </tr> <tr> <td>TITLE</td> <td>SD GERMOND, VIRGINIA</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8778 TRAIL RIDGE DR</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	PD SCANLAN, JOE	TITLE	PD Sherri Simonetti	NAME		NAME		STREET ADDRESS	32 SOUTH FLETCHER #205	STREET ADDRESS	2104 W. Marjory Ave	CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	Tampa, FL 33606	TITLE	TD AHMED, KIM	TITLE	TD Nancy Reynolds	NAME		NAME		STREET ADDRESS	368 LUM CROWE	STREET ADDRESS	249 1/2 Closson Street	CITY-ST-ZIP	ROSWELL, GA 30095	CITY-ST-ZIP	Santa Fe, NM 87501	TITLE	SD GERMOND, VIRGINIA	TITLE		NAME		NAME		STREET ADDRESS	8778 TRAIL RIDGE DR	STREET ADDRESS		CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 <u>Nancy Reynolds</u>		<u>Nancy Reynolds</u>		3/14/06 904-415-1698																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																																																																																																					