

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008586

1. Entity Name
**BEACON BY THE SEA HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456**

Mailing Address
**3015 JEFFERSON STREET
SUITE C
MARIANNA, FL 32446**



04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0023822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, WILLIAM C III
190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, WILLIAM C III
190 LIGHT KEEPERS DRIVE
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
WENSEL, DARREL
151 MADIE LANE
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELSER, CHAUNCEY
190 LIGHTKEEPERS DR
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

**U00000505342
04/26/06-80112-006 61.25**

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: **Chauncey Belser CHAUNCEY BELSER**

4-10-06

950526 3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #