

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # N02472

1. Entity Name
THE BEACONS OWNERS ASSOCIATION, INC.



Principal Place of Business
**3342 E COUNTY HWY 30-A
#5
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**3342 E COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459 US**



05112006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOFSTROM, CARL
3342 E COUNTY HWY 30-A
#5
SANTA ROSA BEACH, FL 32459**

**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 re-registering) DATE _____

**Filing Fee is \$81.25
Due by September 6, 2006**

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

U00000564163
05/20/06-80048-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LOFSTROM, CARL 3342 E HWY 30-A SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HIGDON, SANDRA P.O. BOX 13088 TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT LOFSTROM, HAEYOUNG 3342 E HWY 30-A SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Carl Lofstrom* **CARL LOFSTROM** *MAY 12, 2006* **850-586-0623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #