


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -6 AM 8:07

<b>DOCUMENT # N02472</b> 1. Entity Name <b>THE BEACONS OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3342 E COUNTY HWY 30-A #5 SANTA ROSA BEACH, FL 32459 US</b>				Mailing Address <b>3342 E COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOFSTROM, CARL 3342 E COUNTY HWY 30-A #5 SANTA ROSA BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOFSTROM, CARL 3342 E HWY 30-A SANTA ROSA BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400105624414 07/06/07--01024--001 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGDON, SANDRA P.O. BOX 13088 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOFSTROM, HAEYOUNG 3342 E HWY 30-A SANTA ROSA BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Carl Lofstrom</i> <span style="float: right;"><i>July 3, 07</i> 850-586-0603</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					