2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009803

FILED Apr 14, 2006 Secretary of State

Entity Name: THE BEACH RESORT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1234 AIRPORT ROAD 4300 LEGENDARY DRIVE

SUITE 215 SUITE 204

DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

1234 AIRPORT ROAD 4300 LEGENDARY DRIVE

SUITE 215 SUITE 204

DESTIN, FL 32541 DESTIN, FL 32541

FEI Number: 20-4668162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSON, C. RICHARD JR.

1234 AIRPORT ROAD

SUITE 215

OLSON, RICHARD

4300 LEGENDARY DRIVE
DESTIN, FL 32541 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: RICHARD OLSON 04/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 OLSON, C. RICHARD JR.
 Name:
 OLSON, RICHARD

 Address:
 4046 LAUREN COURT
 Address:
 4046 LAUREN COURT

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: D () Delete Title: () Change () Addition

 Name:
 SCHMIDT, STEVEN
 Name:

 Address:
 1002 ROCKY BAYOU DRIVE
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:NORTHROP, MICHAELName:MICHAEL, NORTHROPAddress:434 BIANCA AVENUEAddress:434 BIANCA AVENUECity-St-Zip:CORAL GABLES, FL 33146City-St-Zip:CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD OLSON D 04/14/2006