

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 041 ****61.25

DOCUMENT # N03000009803

1. Entity Name
THE BEACH RESORT OWNERS ASSOCIATION, INC.



Principal Place of Business
**4300 LEGENDARY DRIVE
SUITE 204
DESTIN, FL 32541**

Mailing Address
**4300 LEGENDARY DRIVE
SUITE 204
DESTIN, FL 32541**

40014284



2. Principal Place of Business - No P.O. Box #
12815 Highway 98 West

3. Mailing Address
P.O. Box 1779

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State
Miramar Beach, FL

City & State
Destin, FL

Zip
32550

Country
USA

Zip
32540

Country
USA

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4668162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSON, RICHARD
4300 LEGENDARY DRIVE
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Smith, Loretta W. CAM
Street Address (P.O. Box Number is Not Acceptable)
Newman-Dailey Resort Properties
12815 Highway 98 West, Suite 100
City
Miramar Beach FL Zip Code
32550

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 **Loretta W. Smith, CAM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLSON, RICHARD ☒ Delete
4046 LAUREN COURT
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMIDT, STEVEN ☒ Delete
1002 ROCKY BAYOU DRIVE
NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICHAEL, NORTHROP ☒ Delete
434 BIANCA AVENUE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☐ Change ☒ Addition
Black, Bobby
13432 Highway 20 West
Freeport, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ Change ☒ Addition
McCoy, Rodney
5610 Arbor Mist Drive
Powder Springs, GA 30127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer ☐ Change ☒ Addition
Morak, Richard
709 Southdale Circle
Birmingham, AL 35244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07

Date

837-1071

Daytime Phone #