

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business - No P.O. Box #
12815 Highway 98 West
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
P.O. Box 1779
Suite, Apt. #, etc.

City & State
Miramar Beach, FL

City & State
Destin, FL

Zip
32550

Country
USA

Zip
32540

Country
USA

6. Name and Address of Current Registered Agent

OLSON, RICHARD
4300 LEGENDARY DRIVE
DESTIN, FL 32541

Name
Smith, Loretta W. CRAM

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, CRAM

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

(NOTE: Registered Agent signature required when reinstating)

1-27-07

DATE

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, RICHARD 4046 LAUREN COURT DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Black, Bobby 13432 Highway 98 West Freeport, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, STEVEN 1002 ROCKY BAYOU DRIVE NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President McCoy, Rodney 5610 Arbor Mist Drive Powder Springs, GA 30127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, NORTHROP 434 BIANCA AVENUE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Morgan, Richard 709 Southdale Circle Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 it 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 #

40014284



01172007 Chg-NP CR2E037 (12/06)