

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2009
Secretary of State

DOCUMENT# N03000010853

Entity Name: BEACH CLUB TOWERS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**18 VIA DELUNA DRIVE
PENSACOLA BEACH, FL 32561 US**New Principal Place of Business:****Current Mailing Address:**22-A VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US**New Mailing Address:**18 VIA DELUNA DRIVE
PENSACOLA BEACH, FL 32561 US**FEI Number:** 54-2152739**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHIKORA, DANA
22-A VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US**Name and Address of New Registered Agent:**EVANS, MICHELLE
18 VIA DELUNA DRIVE
PENSACOLA BEACH, FL 32561 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: MICHELLE EVANS

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEAL, CHARLES
Address: 530 JAMES RIVER ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: VP (X) Delete
Name: HENSON, PAT
Address: PO BOX 729
City-St-Zip: GUIN, AL 35563

Title: T (X) Delete
Name: STINSON, MAY
Address: 721 PENSACOLA BEACH BLVD 1402
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: S (X) Delete
Name: DAVIS, ELAINE
Address: 315 PLANTATION HILL ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: D (X) Delete
Name: BERILGEN, MARIE
Address: 6215 REDWOOD BRIDGE TRAIL
City-St-Zip: KINGWOOD, TX 77345

Title: D (X) Delete
Name: HUFF, SUE
Address: PO BOX 549
City-St-Zip: GULF BREEZE, FL 32562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: EVANS, MICHELLE
Address: 18 VIA DELUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE EVANS

MGR

05/04/2009

Electronic Signature of Signing Officer or Director

Date