

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004537

FILED
Jul 07, 2008
Secretary of State

Entity Name: BEACHSIDE INN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2931 SCENIC HIGHWAY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 US

New Mailing Address:

PO BOX 1779
DESTIN, FL 32540 US

FEI Number: 20-1541896 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PLEAT, DAVID B ESQ.
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FULMER, TIMOTHY D
Address: 4460 LEGENDARY DRIVE, SUITE 100
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: PLEAT, DAVID B ESQ.
Address: 4477 LEGENDARY DRIVE, SUITE 202
City-St-Zip: DESTIN, FL 32541 US

Title: SEC () Delete
Name: PERRY, AMY A ESQ.
Address: 4477 LEGENDARY DRIVE, SUITE 202
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: TIMOTHY FULMER

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date