## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004537

City-St-Zip:

DESTIN, FL 32541 US

FILED Apr 15, 2009 Secretary of State

Entity Name: BEACHSIDE INN CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2931 SCENIC HIGHWAY 98 DESTIN, FL 32541 **Current Mailing Address: 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 ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLEAT, DAVID B ESQ. DAILEY, JEANNE 4477 LÉGENDARY DRIVE 12815 Ú.S. HIGHWAY 98 WEST SUITE 202 SUITE 100 DESTIN, FL 32541 US MIRAMAR BEACH, FL 32550 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: JEANNE DAILEY 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FULMER, TIMOTHY D Name: Name: 4460 LEGENDARY DRIVE, SUITE 100 Address: Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PLEAT, DAVID B ESQ. Name: Address: 4477 LEGENDARY DRIVE. SUITE 202 Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition PERRY, AMY A ESQ. Name: Name: 4477 LEGENDARY DRIVE, SUITE 202 Address: Address:

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.

City-St-Zip:

SIGNATURE: TIMOTHY FULMER P 04/15/2009