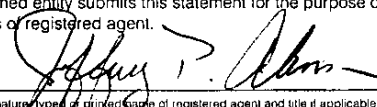
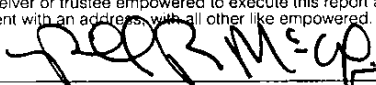


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90042 045 ****61.25

DOCUMENT # N05000008104 1. Entity Name BEACH HOUSE CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.					
Principal Place of Business 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502			Mailing Address 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box # 220 S. PALAFOX PLACE		3. Mailing Address P.O. Box 111			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PENSACOLA FL		City & State PENSACOLA FL 32591		4. FEI Number 20-4457620	
Zip 32502		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIOTT, HUGH L 25 WEST CEDAR STREET SUITE 313 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Jeffrey P. Abram Street Address (P.O. Box Number is Not Acceptable) 5464 LIMESTONE RD City PENSACOLA FL Zip Code 32504		
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 <u></u> DATE 1/22/08 <small>Signature typed or printed below of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD HIOTT, HUGH 25 W CEDAR ST., SUITE 313 PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD W. MCALPIN 220 S. PALAFOX PLACE PENSACOLA, FL 32502	<input checked="" 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
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 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: <u></u>			Ms. Member 1/25/08 Date Daytime Phone #		