


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/25

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|--|--|---|--|---|--|
| DOCUMENT # N05000008463 | | | |  | |
| 1. Entity Name BEAVER RUN TOWNHOME OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | | | Mailing Address 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 101112006 Chg-NP CR2E037 (11/05) | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ADEN, TIMOTHY C. 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <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 | DP ADEN, SHANNON 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400066200704 02/20/06--01035--020 **411.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SCHAFFIELD, ANNE 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shaffield (spelling error) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ADEN, TIMOTHY C. 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | <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 | DT SCHAFFIELD, JOSEPH H. 1775 LEWIS TURNER BLVD., STE. 101 FT. WALTON BEACH, FL 32547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shaffield (spelling error) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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 another like empowered. | | | | | |
| SIGNATURE: _____ | | | 1-11-06 850-862-7944 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |