

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11139

FILED
Apr 22, 2007
Secretary of State

Entity Name: BEACHFRONT II OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

145 BEACHFRONT TRAIL
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

4987 E. COUNTY RD
HWY 30A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

5311 E. CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-2590754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, DALE E
321 HWY 98 E
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E. CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 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: WALTER R PRITCHETT

04/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIBSON, MIKE
Address: P.O. BOX 4783
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: VP () Delete
Name: OPPENHELM, ANNELIESE
Address: 3900 ROYAL OAKS COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST () Delete
Name: SADD, LUCRESIA
Address: 441 KITE ROAD
City-St-Zip: SWAINSBORO, GA 30401

Title: D () Delete
Name: DUKE, BRENDA
Address: 70 WOODCLIFF COURT
City-St-Zip: NEWNAN, GA 30265

Title: D (X) Delete
Name: PALEY, MIKE
Address: 2221 JUNATION ROAD
City-St-Zip: FALLS OF ROUGH, KY 40119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: TOPPING, NANCY
Address: 2862 HOLLYWOOD DRIVE
City-St-Zip: DECATUR, GA 30033

Title: D (X) Change () Addition
Name: WRIGHT, PATTY
Address: PO BOX 87
City-St-Zip: FALLS OF ROUGH, KY 40119

Title: DP (X) Change () Addition
Name: SADD, LUCRESIA
Address: 441 KITE ROAD
City-St-Zip: SWAINSBORO, GA 30401

Title: D (X) Change () Addition
Name: ZIMMER, CAROLE
Address: 90 MILLSTREAM ROAD
City-St-Zip: AMSTON, CT 06231

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER R PRITCHETT

MGR

04/22/2007

Electronic Signature of Signing Officer or Director

Date