N 1300005170

(Re	equestor's Name)		
(Ac	Idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

513-W13000021835



400246639614

04/11/13--01003--004 **70.00

13 MAY 28 PM 2: 39

SECRETARY OF STATE
DIVISION OF CORPORATIONS

cg 10/4/13

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Beachview Heights Homeowners Association
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

TNC

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

□ \$78.75

Status

□\$78.75

\$87.50

Filing Fee &

Filing Fee

Filing Fee,

Certificate of & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

202 Squdstone S

Santa Rosa Beach FL 32459

City, State & Zip

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

13 MAY 28 PM 2: 39

SECRETARY OF STATE
IVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2013

KATHY BARRY 202 SANDSTONE STREET SANTA ROSA BEACH, FL 32459

SUBJECT: BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION.

Ref. Number: W13000021835

We have received your document for BEACHVIEW HEIGHTS HOMEOWNERS ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00008905

SECRETARY OF STATE
JIVISION OF CORPORATIONS

13 MAY 28 PM 2: 39

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: Beach Views Heights Homeowners Association I			
ARTICLE II PRINCIPAL OFFICE			
Principal street address: Mailing address, if different is:			
Santa Rosa Beach, FL			
32459			
The purpose for which the corporation is organized is: To get all roads in Neighborhood paved and up to county Standards so emergency vehicles co	3N		
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:			
vote by all members	-		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	_		
Name and Title: DP Wyrough, William Name and Title: D.S. Heath, ANN Address 120 Sand Ston ST. Address: 244 Sand Stone ST Santa Rosa Beach, FL Santa Rosa Beach 32459 32459	FL		
Name and Title: WFleet, Philip Name and Title: Address Reston, VA 20190	SECRE TIVISION		
Name and Title: D.T. Barry, Kathy Name and Title: Address 302 Sand Stone ST. Address: Santa Rosa Beach, FL 32469	FILED STATE STATE CORPORATIONS		

Name and Title;	Name and Title:		
Address	Address:		
_		 	
_	<u> </u>		•
Name and Title	Name and Title:		
Address	Address:		
			
A DOZOV B VV	DECICORDED ACIDAM		
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Kathy Barry		<u> </u>
Address:	202 Sand stone ST.	<u> </u>	VISH
	Santa Rosa Beach FL	MAY	
	32459	28	ARY LIA
ARTICLE VII The name and ad	INCORPORATOR Idress of the Incorporator is:	PH .	코유년 O.
Name:	KATHY BARRY	2: 40	STATE
Address:	SOS CAMP CTOME CT	0	IONS E
Audress.	202 SAND STONE ST.	•	
	SANTA ROSA BEACH, FL 32459		
	med as registered agent to accept service of process for the above stated corporation at		
cerujicate, I am J	familiar with and accept the appointment as registered agent and agree to act in this capac	uy	
	Required Signature of Registered Agent	Date	,, .=
	ument and affirm that the facts stated herein are true. I am aware that any false informati	on submitted i	n a document
	nt of State constitutes a third degree felony as provided for in s.817.155, F.S.		
	Required Signature of Incorporator	-14-13 Date	<u> </u>
	required signature of incorporator	Date	

.