2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N14195

Entity Name: BEACHER'S LODGE CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

6970 A-1-A SOUTH
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

6970 A-1-A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2720326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, THOMAS
6970 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MORRIS, JON	
Address:	5206 NW 50TH LN	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	SD	( ) Delete
Name:	HERMANN, HENRY R	
Address:	620 AIA BEACH BLVD. ,# 31	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	PD	( ) Delete
Name:	EDWARDS, THOMAS	
Address:	6970 A1A SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	D	( ) Delete
Name:	MONROE, DON	
Address:	4808 NW 17TH PL	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	VP	( ) Delete
Name:	BRINTON, BURK B	
Address:	1951 AFTON LN	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	PROGULSKE-FOX, ANN	
Address:	6392 CR 214	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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.

SIGNATURE: THOMAS EDWARDS P 05/01/2007

Electronic Signature of Signing Officer or Director — Date