

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 038 ****61.25

DOCUMENT # N18988

1. Entity Name

**BEACHSIDE AT SEMINOLE BEACH HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1858 BEACH SIDE COURT
ATLANTIC BEACH FL 32233
US**

Mailing Address

**1858 BEACH SIDE COURT
ATLANTIC BEACH FL 32233
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2935497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAREST, MICHAEL
1858 BEACHSIDE COURT
ATLANTIC BEACH FL 32233**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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: P ☒ Delete
NAME: JACKSON, RANDY
STREET ADDRESS: 1852 BEACHSIDE COURT
CITY-ST-ZIP: ATLANTIC BEACH FL 32233

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DT ☐ Delete
NAME: CHAREST, MICHAEL
STREET ADDRESS: 1858 BEACHSIDE COURT
CITY-ST-ZIP: ATLANTIC BEACH FL 32233

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: S ☐ Delete
NAME: BELL, PAT
STREET ADDRESS: 1952 BEACHSIDE CT
CITY-ST-ZIP: ATLANTIC BEACH FL 32233

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☒ Delete
NAME: JACKSON, JILL
STREET ADDRESS: 1852 BEACHSIDE CT
CITY-ST-ZIP: ATLANTIC BEACH FL 32233

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Delete
NAME: WATERS, MICHAEL
STREET ADDRESS: 1864 BEACHSIDE COURT
CITY-ST-ZIP: ATLANTIC BEACH FL 32233

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Charest Michael Charest

2-9-07 904-246-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #