FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21710 (1)

1. Corporation Name
BEACONVIEW OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~330 SUMMIT DR.~~ PO BOX 5552	~~330 SUMMIT DR~~ PO BOX 5552
~~DESTIN FL 32541~~ DESTIN, FL. 32541	~~DESTIN FL 32541~~ DESTIN, FL. 32541

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2917287 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 5552	26 PO BOX 5552
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DESTIN, FL.	City & State 28 DESTIN, FL.
Zip 24 32541 Country 25 OKALOOSA	Zip 29 32541 Country 30 OKALOOSA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CLEMONS, W.K.~~	81 Name: WILLIAM L. MARTIN
~~330 SUMMIT DR.~~	82 Street Address (P.O. Box Number Is Not Acceptable)
~~DESTIN FL 32541~~	83 118 PALMETTO
	84 City DESTIN FL 85 Zip Code 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William L. Martin, WILLIAM L. MARTIN 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	D. DIRECTOR	☐ Change ☑ Addition
NAME	~~CLEMONS, W.K.~~	1.2 NAME	PRIMOSCH, SHELLY	
STREET ADDRESS	~~330 SUMMIT DR.~~ DELETE	1.3 STREET ADDRESS	324 SUMMIT, DR.	
CITY-ST-ZIP	~~DESTIN FL~~	1.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	DVP	2.1 TITLE		☐ Change ☐ Addition
NAME	~~HOLLAND, DAVID~~	2.2 NAME		
STREET ADDRESS	~~310 SUMMIT DR.~~	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	~~DESTIN FL~~	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	NICK, THOMAS	3.2 NAME		
STREET ADDRESS	311 SUMMIT DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, JACKIE	4.2 NAME		
STREET ADDRESS	320 SUMMIT DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D.	☐ Change ☑ Addition
NAME	HARDEMAN, ROBERT	5.2 NAME	HARDEMAN, ROBERT	
STREET ADDRESS	315 SUMMIT DR.	5.3 STREET ADDRESS	315 SUMMIT DR.	
CITY-ST-ZIP	DESTIN, FL	5.4 CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE	D	6.1 TITLE	D.	☐ Change ☑ Addition
NAME	MACRAE, DAVID	6.2 NAME	MACRAE, DAVID	
STREET ADDRESS	305 SUMMIT DR.	6.3 STREET ADDRESS	305 SUMMIT DR	
CITY-ST-ZIP	DESCIN FL	6.4 CITY-ST-ZIP	DESTIN, FL. 32541	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Nick 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001449