

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N21710 (1)

1. Corporation Name

BEACONVIEW OWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 5552  
DESTIN FL 32541  
US

Mailing Address

PO BOX 5552  
DESTIN FL 32541  
US

3. Date Incorporated or Qualified  
07/27/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2917287

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

MARTIN, WILLIAM L.  
118 PALMETTO  
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☒ DELETE  
NAME PRIMOSCH, SHELLY  
STREET ADDRESS 324 SUMMIT DR  
CITY-ST-ZIP DESTIN FL

1.1 TITLE JAN POWERS - S ☐ Change ☒ Addition  
1.2 NAME 319 SUMMIT DR  
1.3 STREET ADDRESS DESTIN FL 32541  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HARDEMAN, ROBERT  
STREET ADDRESS 315 SUMMIT DR  
CITY-ST-ZIP DESTIN FL

2.1 TITLE LAURA MARTIN ☐ Change ☒ Addition  
2.2 NAME MARTIN - T  
2.3 STREET ADDRESS PO BOX 1389  
2.4 CITY-ST-ZIP DESTIN FL 32540

TITLE D ☒ DELETE  
NAME NICK, THOMAS  
STREET ADDRESS 311 SUMMIT DR  
CITY-ST-ZIP DESTIN FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME V/P ARNOLD, JACKIE  
STREET ADDRESS 320 SUMMIT DR  
CITY-ST-ZIP DESTIN FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D/P ☐ DELETE  
NAME MACRAE, DAVID  
STREET ADDRESS 305 SUMMIT DR  
CITY-ST-ZIP DESTIN FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

904  
857 7732

Daytime Phone #

CR2E037 (12/95)