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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32540-5552
US



3. Date Incorporated or Qualified
07/27/1987

3a. Date of Last Report
05/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number
59-2917287

Applied For
Not Applicable

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 S
NAME POWERS, JAN
STREET ADDRESS 319 SUMMIT DR.
CITY-ST-ZIP DESTIN FL

DELETE

1.1 TITLE S
1.2 NAME POWERS, JAN
1.3 STREET ADDRESS 319 SUMMIT DR.
1.4 CITY-ST-ZIP DESTIN, FL 32541-2330

Change Addition

TITLE T
NAME MARTIN, LAURA
STREET ADDRESS P.O. BOX 1389
CITY-ST-ZIP DESTIN FL

DELETE

2.1 TITLE T
2.2 NAME MARTIN, LAURA
2.3 STREET ADDRESS 327 SUMMIT DRIVE
2.4 CITY-ST-ZIP DESTIN, FL 32541-2330

Change Addition

TITLE DVP
NAME ARNOLD, JACKIE
STREET ADDRESS 320 SUMMIT DR
CITY-ST-ZIP DESTIN FL

DELETE

3.1 TITLE DVP
3.2 NAME ARNOLD, JACKIE
3.3 STREET ADDRESS 320 SUMMIT DR.
3.4 CITY-ST-ZIP DESTIN, FL 32541

Change Addition

TITLE DP
NAME MACRAE, DAVID
STREET ADDRESS 305 SUMMIT DR
CITY-ST-ZIP DESTIN FL

DELETE

4.1 TITLE DP
4.2 NAME MACRAE, DAVID
4.3 STREET ADDRESS 305 SUMMIT DRIVE
4.4 CITY-ST-ZIP DESTIN, FL 32541-2330

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

14. I do hereby certify that the information supplied with this filing 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: LAURA MARTIN
Treasurer
2/10/97 904-862-3141

CR2E037 (9/96)