

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90169 030 \*\*\*\*61.25

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DOCUMENT # N21710

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/27/1987

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

9. Name and Address of Current Registered Agent

MARTIN, WILLIAM L.  
118 PALMETTO  
DESTIN FL 32541

10. Name and Address of New Registered Agent

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

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

DELETE

TITLE T  
NAME MARTIN, LAURA  
STREET ADDRESS 327 SUMMIT DRIVE  
CITY-ST-ZIP DESTIN FL

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY  
1.2 NAME MONA RHEBI  
1.3 STREET ADDRESS PO BOX 5034  
1.4 CITY-ST-ZIP DESTIN FL 32540

Change Addition

2.1 TITLE TREASURER  
2.2 NAME ROBERT W. ROWE  
2.3 STREET ADDRESS 329 SUMMIT DR  
2.4 CITY-ST-ZIP DESTIN FL 32541

Change Addition

3.1 TITLE DVP  
3.2 NAME MARTY MARTIN  
3.3 STREET ADDRESS 327 SUMMIT DR  
3.4 CITY-ST-ZIP DESTIN FL 32541

Change Addition

4.1 TITLE DP PRESIDENT  
4.2 NAME ROD POWERS  
4.3 STREET ADDRESS 319 SUMMIT DR  
4.4 CITY-ST-ZIP DESTIN FL 32541

Change Addition

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

Change Addition

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

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Rod Powers

2/26/99 (850) 837-4700 x328

Date

Daytime Phone #

CR2E037 (1/1/98)