

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21710

1. Entity Name

BEACONVIEW OWNERS ASSOCIATION, INC.

FILED

Mar 11, 2002 8:00 am  
Secretary of State

03-11-2002 90055 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 5552  
DESTIN FL 32541  
US

PO BOX 5552  
DESTIN FL 32541  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2917287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, WILLIAM L.  
118 PALMETTO  
DESTIN FL 32541

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME POWERS, ROD  
STREET ADDRESS 319 SUMMIT DR.  
CITY-ST-ZIP DESTIN FL 32541

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

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

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

TITLE PD ☐ Delete  
NAME ARNOLD, JACKIE  
STREET ADDRESS 320 SUMMIT DR  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE SD ☐ Delete  
NAME RHEBI, MONA  
STREET ADDRESS PO BOX 5034  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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: *Laura L. Martin* LAURA L. MARTIN 2/10/02 8506547303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)