

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N21710

1. Entity 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

DO NOT WRITE IN THIS SPACE

FILED
Feb 04, 2004 08:00 AM
Secretary of State



01312004 No Chg-NP CR2E037 (10/03)

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

MARTIN, WILLIAM L.
118 PALMETTO
DESTIN, FL 32541

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000035393
02/06/04-80016-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	POWERS, ROD
STREET ADDRESS	319 SUMMIT DR.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	TD
NAME	MARTIN, LAURA
STREET ADDRESS	327 SUMMIT DRIVE
CITY-ST-ZIP	DESTIN, FL
TITLE	PD
NAME	ARNOLD, JACKIE
STREET ADDRESS	320 SUMMIT DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SD
NAME	RHEBI, MONA
STREET ADDRESS	PO BOX 5034
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 8502671603
Date Daytime Phone #