


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90105 035 \*\*\*\*61.25

<b>DOCUMENT # N31580</b> 1. Entity Name <b>BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1550 S OCEAN DR FT PIERCE, FL 34949 US</b>			Mailing Address <b>1913 EUCALYPTUS AVENUE FT PIERCE, FL 34949 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0128950</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CABRERA, JOHN 1913 EUCALYPTUS AVENUE FT PIERCE, FL 34949</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PR CABRERA, JOHN 1913 EUCALYPTUS AVE. FORT PIERCE, FL 34949		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD SHARRON, LAURIE 1550 S OCEAN DR., UNIT C-19 FT. PIERCE, FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Sharron, Laurie 1550 S Ocean Dr. unit C18 FT Pierce, FL 34949			
SD EGAN, PAUL 145 N. HALIFAX AVE DAYTONA BEACH, FL 32118		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Egan, David 145 N. Halifax Ave Daytona Beach, FL 32118			
VP TYSON, WILLIAM L 1550 S. OCEAN DRIVE D-22 FORT PIERCE, FL 34949		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Laurie Sharron</i>		1/13/07		305-305-6108	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	