

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N39087

1. Entity Name
BEACHSIDE NEIGHBORHOOD WATCH, INC.



Principal Place of Business
**46 S. OLEANDER AVE
DAYTONA BEACH, FL 32118**

Mailing Address
**P.O. BOX 263201
DAYTONA BEACH, FL 32118**



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3026450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HECKMAN, FRANK P
46 S. OLEANDER AVE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**U000000817893
02/15/08-80021-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HECKMAN, FRANK P
STREET ADDRESS	46 S. OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	VC
NAME	LANE, WILLIAM B
STREET ADDRESS	435 N. GRANDVIEW AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	VCS
NAME	STEPHENS, BETTY
STREET ADDRESS	1494 N PENNINSULA DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	T
NAME	BROWN, VIRGINIA
STREET ADDRESS	1 BRADOCK AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Frank P. Heckman **FRANK P. HECKMAN**

2-2-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

386-255-4976