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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49442

1. Corporation Name

BETHUNE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
6600 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169
US

Mailing Address
PO BOX 1704
NEW SMYRNA BEACH FL 32170
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent REICHART, ELAINE 891 SNOOK AVE NEW SMYRNA BCH FL 32169	10. Name and Address of New Registered Agent 81 Name BLACKETT, SYLVIA 82 Street Address (P.O. Box Number is Not Acceptable) 7150 S. ATLANTIC AVE 83 84 City NEW SMYRNA BEACH FL 85 Zip Code 32169
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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 Sylvia Blackett SYLVIA BLACKETT DATE 3/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BERNICE	1.2 NAME	LENDIAN, ELIZABETH
STREET ADDRESS	6219 TURTLEMOUND ROAD	1.3 STREET ADDRESS	866 SHEEPSHEAD AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	RD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON-BROWN, ANN	2.2 NAME	BROWN, ANN DALTON
STREET ADDRESS	BULLHEAD AVENUE	2.3 STREET ADDRESS	890 BULLHEAD
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATON, JERRY	3.2 NAME	REICHART, PAUL E
STREET ADDRESS	6865 S. ATLANTIC AVENUE	3.3 STREET ADDRESS	891 SNOOK AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHART, ELAINE	4.2 NAME	BLACKETT, SYLVIA
STREET ADDRESS	891 SNOOK AVE	4.3 STREET ADDRESS	7150 S. ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBBELAAR, ROBERT	5.2 NAME	SLAUGHTER, KEVIN
STREET ADDRESS	869 FLOUNDER AVE	5.3 STREET ADDRESS	888 BLUEFISH AVE
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Paul E Reichert PAUL E REICHERT DATE 3/3/99 DAYTIME PHONE # 904-424-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)