

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90435 021 ****61.25

DOCUMENT # N94000003780

1. Entity Name
BEACH WAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4003 HARTLEY ROAD
JACKSONVILLE, FL 32257 US

Mailing Address
4003 HARTLEY ROAD
JACKSONVILLE, FL 32257 US

2. Principal Place of Business - No P.O. Box #
11512 Lake Mead Avenue

3. Mailing Address
7643 Gate Parkway

Suite, Apt. #, etc.
Suite 405

Suite, Apt. #, etc.
Suite 104, PMB 188

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3265631

Applied For
Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

6. Name and Address of Current Registered Agent

CANTRELL, BRYAN K
4003 HARTLEY ROAD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name Kim Balaskiewicz

Street Address (P.O. Box Number is Not Acceptable)
11512 Lake Mead Avenue

Suite 405

City Jacksonville

FL

Zip Code
32256

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

Kim Bz

4/23/07

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	KIRBY, MARC	
STREET ADDRESS	3592 AVALON COVE DR, E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKBURN, DOUGLAS	
STREET ADDRESS	3609 AVALON COVE DR, E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DYER, JACK	
STREET ADDRESS	12782 AVALON COVE DR, S	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOLASH, CHRIS	
STREET ADDRESS	12753 AVALON COVE DR, S	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	O	<input type="checkbox"/> Delete
NAME	BISHOP, GEARLD	
STREET ADDRESS	12786 AVALON COVE DR, S	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Douglas W. Blackburn

4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #