

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 039 \*\*\*\*61.25

**DOCUMENT # N94000003780**

1. Entity Name  
**BEACH WAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11512 LAKE MEAD AVE  
SUITE 405  
JACKSONVILLE, FL 32256 US**

Mailing Address  
**7643 GATE PARKWAY  
SUITE 106, PMB 188  
JACKSONVILLE, FL 32256 US**

**40074400**



2. Principal Place of Business - No P.O. Box #  
**11512 Lake mead Avenue**  
Suite, Apt. #, etc.  
**Suite 405**

3. Mailing Address  
**7643 Gate Parkway**  
Suite, Apt. #, etc.  
**Suite 104 PMB 188**

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

Zip  
**32256**

Country  
**USA**

Zip  
**32256**

Country  
**USA**

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3265631**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BALASKIEWICZ, KIM  
11512 LAKE MEAD AVE  
JACKSONVILLE, FL 32256**

**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 Balaskiewicz*

**Kim Balaskiewicz**

**3/31/8**

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **S** ☐ Delete  
NAME **KIRBY, MARC**  
STREET ADDRESS **3592 AVALON COVE DR, E**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **P** ☐ Delete  
NAME **BLACKBURN, DOUGLAS**  
STREET ADDRESS **3609 AVALON COVE DR, E**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP** ☐ Delete  
NAME **DYER, JACK**  
STREET ADDRESS **12782 AVALON COVE DR, S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **T** ☒ Delete  
NAME **KOLASH, CHRIS**  
STREET ADDRESS **12753 AVALON COVE DR, S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **O** ☒ Delete  
NAME **BISHOP, GEARLD**  
STREET ADDRESS **12786 AVALON COVE DR, S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☒ Change ☐ Addition  
NAME **marc Kirby**  
STREET ADDRESS **3592 Avalon cove Dr. E**  
CITY-ST-ZIP **Jacksonville, FL. 32224**

TITLE **D** ☒ Change ☐ Addition  
NAME **Doug Blackburn**  
STREET ADDRESS **3609 Avalon cove Dr. E**  
CITY-ST-ZIP **Jacksonville, FL. 32224**

TITLE **T** ☐ Change ☒ Addition  
NAME **Tim Daniels**  
STREET ADDRESS **12790 Avalon cove Dr. S**  
CITY-ST-ZIP **Jacksonville, FL. 32224**

TITLE **S** ☐ Change ☒ Addition  
NAME **LIZ Nadeau**  
STREET ADDRESS **3548 Marsh Cove Dr.**  
CITY-ST-ZIP **Jacksonville, FL. 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Kim Balaskiewicz*

**Kim Balaskiewicz**

**3/31/8**

**904-641-1858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #