

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003780

FILED
Apr 06, 2009
Secretary of State

Entity Name: BEACH WAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVE
SUITE 405
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7643 GATE PARKWAY
SUITE 104, PMB 188
JACKSONVILLE, FL 32256 US

FEI Number: 59-3265631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE
STE 405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE
STE 405
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: KIM BALASKIEWICZ

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIRBY, MARC
Address: 3592 AVALON COVE DR, E
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BLACKBURN, DOUGLAS
Address: 3609 AVALON COVE DR, E
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: DYER, JACK
Address: 12782 AVALON COVE DR, S
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: NADEAU, LIZ
Address: 3548 MARSH COVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: DANIELS, TIM
Address: 12790 AVALON COVE DR S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIRBY, MARC
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: DYER, JACK
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Change () Addition
Name: DANIELS, TIM
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Change () Addition
Name: NADEAU, LIZ
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: BLACKBURN, DOUG
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BALASKIEWICZ

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date