
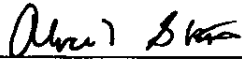
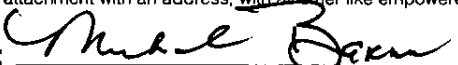


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 035 \*\*\*\*70.00

<b>DOCUMENT # N94000006023</b> 1. Entity Name <b>BEACHSIDE VILLAS OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>11 BEACHSIDE DRIVE</b> <b>SANTA ROSA BEACH, FL 32459 US</b>			Mailing Address <b>11 BEACHSIDE DR</b> <b>SANTA ROSA BEACH, FL 32459 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3212529</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARRET REALTY SERVICES, INC</b> <b>3723 E. COUNTY HWY 30A</b> <b>SANTA ROSA BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD <b>JONES, PHILLIP A</b> <input type="checkbox"/> Delete		TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>212 AMELIA LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PEACHTREE CITY, GA 30269</b>		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Don Haley</b>	
STREET ADDRESS	<b>11 BCH SIDE DR 214</b>		STREET ADDRESS	<b>2314 Crescent Hill Drive</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>		CITY-ST-ZIP	<b>Owensboro, KY 42303</b>	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>4644 SLEEPY HOLLOW RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MEDINA, OH 44256</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>Singel, Robert</b>	
STREET ADDRESS	<b>1175 BRANCH WATER CT</b>		STREET ADDRESS	<b>4572 Village Springs Place</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30338</b>		CITY-ST-ZIP	<b>Dunwoody, GA 30338</b>	
TITLE	TD <input type="checkbox"/> Delete		TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>11 BCHSIDE DR 931</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			(850) 231-1010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



02092007 Chg-NP CR2E037 (12/06)