

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006023

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: BEACHSIDE VILLAS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

11 BEACHSIDE DRIVE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 BEACHSIDE DR  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 59-3212529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPMAN, GARY A ESQ.  
5399 E. CITY HWY. C30-A  
UNIT 8  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

SHIPMAN, GARY A ESQ.  
1414 COUNTY HIGHWAY 283 SOUTH  
STE. B  
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, PHILLIP A  
Address: 212 AMELIA LANE  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VPD ( ) Delete  
Name: KENNEDY, PATRICK  
Address: 4644 SLEEPY HOLLOW RD  
City-St-Zip: MEDINA, OH 44256

Title: VPD ( ) Delete  
Name: SINGEL, ROBERT  
Address: 4572 VILLAGE SPRINGS PLACE  
City-St-Zip: DUNWOODY, GA 30338

Title: TD ( ) Delete  
Name: BARRONTON, MICHAEL  
Address: 11 BCHSIDE DR 931  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete  
Name: HALEY, DON  
Address: 2314 CRESCENT HILL DRIVE  
City-St-Zip: OWENSBORO, KY 42303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY A. SHIPMAN

RA

03/17/2009

Electronic Signature of Signing Officer or Director

Date