

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000016

FILED
Jun 05, 2006
Secretary of State

Entity Name: BEACHSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

133 BEACHSIDE DR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1672
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-3288473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RINGEISEN, HAROLD L
200 SOLANA RD STE C
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HINTON, ROBERT
Address: 124 BEACHSIDE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: RINGEISEN, HAL
Address: 200 SOLONO RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: COMMINGS, TIM
Address: 112 BEACHSIDE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: RINGEISEN, HAROLD
Address: 200 SOLONA RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD RINGEISEN

TD

06/05/2006

Electronic Signature of Signing Officer or Director

Date