2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500000016

FILED Mar 05, 2009 Secretary of State

Entity Name: BEACHSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

133 BEACHSIDE DR

PONTE VEDRA BEACH, FL 32082 LIS

Current Mailing Address: New Mailing Address:

PO BOX 1672 PO BOX 4392

PONTE VEDRA BEACH, FL 32004 US ST AUGUSTINE, FL 32085 US

FEI Number: 59-3288473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAY, ROBERT HAY, ROBERT

149 BEUCHSIDE DRIVE 149 BEACHSIDE DRIVE

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US 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: 03/05/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

ROBERT, HAY Name: Name: 149 BEACHSIDE DRIVE Address: Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition

Name: DROSTE, MARIA Name: MORGAN, ANDREW Address: 144 BEACHSIDE DRIVE Address: 204 HIDDEN DUNE COURT City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete Title: (X) Change () Addition

DUPONT, MONICA DUPONT, MONICA Name: Name: 152 BEACHSIDE DRIVE Address:

152 BEACHSIDE DRIVE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MONICA DUPONT TD 03/05/2009