2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

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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:

208 HIDDEN DUNE COURT
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

PO BOX 4392
ST AUGUSTINE, FL 32085 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HAY, ROBERT
149 BEACHSIDE DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

MCCABE & VAUGHN P.A.
1001 KINGS AVENUE
SUITE 201
JACKSONVILLE, FL 32207 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: MICHAEL J. MCCABE 06/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBERT, HAY
Address: 149 BEACHSIDE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete
Name: MORGAN, ANDREW
Address: 204 HIDDEN DUNE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: DUPONT, MONICA
Address: 152 BEACHSIDE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SLEVIN, JOHN F
Address: 208 HIDDEN DUNE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JOHN F. SLEVIN PD 06/02/2009
Electronic Signature of Signing Officer or Director Date