

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000327

FILED
Apr 03, 2012
Secretary of State

Entity Name: BEACHES HOSPITALITY NETWORK, INC.

Current Principal Place of Business:

C/O WILLIAM BARNETT
232 BRIARWOOD LANE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

C/O ROB NICHOLSON
13916 INTRACOASTAL SOUND DRIVE
JACKSONVILLE, FL 32224 US

Current Mailing Address:

C/O WILLIAM BARNETT
232 BRIARWOOD LANE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

C/O ROB NICHOLSON
13916 INTRACOASTAL SOUND DRIVE
JACKSONVILLE, FL 32224 US

FEI Number: 59-3358152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, CAROLYN ESQ
126 SOUTH FIRST ST
JACKSONVILLE BEACH, FL 32250 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: DP
Name: NICHOLSON, ROB
Address: 13916 INTRACOASTAL SOUND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: DTS
Name: CLOUTIER, ADELE
Address: 586 MARSH LANDING PKWY
City-St-Zip: JACKSONVILLE, FL 32250

Title: D
Name: BARNETT, WILLIAM
Address: 232 BRIARWOOD LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: FRENCH, MELISSA
Address: 13916 INTRACOASTAL SOUND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: KAUFMAN, MIKE
Address: 13916 INTRACOASTAL SOUND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: BALDWIN, ARLENE
Address: C/O MARRIOTT COURTYARD 1617 N FIRST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: ROB NICHOLSON

DP

04/03/2012

Electronic Signature of Signing Officer or Director

_____ Date