

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 036 ****70.00

DOCUMENT # N96000005322					
1. Entity Name BEACH COLONY WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13601 PERDIDO KEY DR PENSACOLA, FL 32507 US			Mailing Address P.O. BOX 34373 PENSACOLA, FL 32507		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3503577				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEUMER, BRENDA 13880 PERDIDO KEY DR. PENSACOLA, FL 32507			Name <u>Diane D. Daigle</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>3031 Concho Dr.</u>		
			City <u>Pens. FL</u>		Zip Code <u>32507</u>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Diane D. Daigle</u> <u>Diane D. Daigle</u> <u>2/15/2007</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> Vice President <input type="checkbox"/> Delete	NAME PEAVY, MARVIN		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Fred Szymanski	
STREET ADDRESS 5589 OLD U.S. 41	CITY-ST-ZIP SOUTH LAKE PARK, GA 31636		STREET ADDRESS 13601 Perdido Key Dr. Unit 11A	CITY-ST-ZIP Pens. FL 32507	
TITLE <input type="checkbox"/> Delete	NAME T HICKOK, CHUCK		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Phillip Dyson	
STREET ADDRESS 2221 PRINCETON	CITY-ST-ZIP SAINT PAUL, MN 55105		STREET ADDRESS P.O. Box 754	CITY-ST-ZIP Point Clear, AL 36564	
TITLE <input checked="" type="checkbox"/> Delete	NAME S TRIMBLE, HENRY		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Dennis Watts	
STREET ADDRESS 3401 CHANTARENE DRIVE	CITY-ST-ZIP PENSACOLA, FL 32507		STREET ADDRESS 1400 Clermont Dr	CITY-ST-ZIP Birmingham, AL 35209	
TITLE <input checked="" type="checkbox"/> Delete	NAME D HEAD, DAN		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Bill Hughey	
STREET ADDRESS 956 CHESTNUT HILL	CITY-ST-ZIP MARIETTA, GA 30064		STREET ADDRESS 13601 Perdido Key Dr. Unit 120	CITY-ST-ZIP Pens. FL 32507	
TITLE <input checked="" type="checkbox"/> Delete	NAME D CROWSON, TOM		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS P.O. BOX 8039	CITY-ST-ZIP MERIDIAN, MS 39303		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Fred Szymanski</u> <u>Fred Szymanski</u> <u>2/15/07</u> <u>492-1769</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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