

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 006 \*\*\*\*70.00

<b>DOCUMENT # N97000007000</b> 1. Entity Name <b>BEACH COLONY RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>13601 PERDIDO KEY DR. PENSACOLA, FL 32507</b>				Mailing Address <b>PO BOX 34027 PENSACOLA, FL 32507</b>	
2. Principal Place of Business - No P.O. Box # <b>13599 Perdido Key Dr.</b>		3. Mailing Address <b>13599 Perdido Key Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01162007    Chg-NP    CR2E037 (12/06)	
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>59-3539355</b>	
Zip <b>32507</b>		Country <b>Escambia</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEY CONCEPTS REALTY, INC. 13880 PERDIDO KEY DR. PENSACOLA, FL 32507</b>				7. Name and Address of New Registered Agent Name <b>Diane D. Daigle</b> Street Address (P.O. Box Number is Not Acceptable) <b>3031 Concho Dr.</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32507</b>	
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><i>Diane D. Daigle</i></u> <b>Diane D. Daigle</b> <b>1/16/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> <b>D</b> <input type="checkbox"/> Delete NAME <b>STOKES, ARCH</b> STREET ADDRESS <b>13597 PERDIDO KEY DR #EPH2-B&amp;C</b> CITY-ST-ZIP <b>PENSACOLA, FL 32507</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Secy Dalby, Betty</b> STREET ADDRESS <b>3725 Sweetwater Dr.</b> CITY-ST-ZIP <b>Cumming, GA 30041</b>		
TITLE <input checked="" type="checkbox"/> <b>VP</b> <input type="checkbox"/> Delete NAME <b>GRIFFIN, RAY</b> STREET ADDRESS <b>13597 PERDIDO KEY DR. #E-11-D</b> CITY-ST-ZIP <b>PENSACOLA, FL 32507</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Trish Harry Heinike</b> STREET ADDRESS <b>35 Hawthorne Box 1018</b> CITY-ST-ZIP <b>Chatsaugua, NY 14722</b>		
TITLE <input checked="" type="checkbox"/> <b>D</b> <input type="checkbox"/> Delete NAME <b>DALBY, BETTY</b> <b>CHANGE</b> STREET ADDRESS <b>757 SOUTHLAND CT</b> CITY-ST-ZIP <b>STONE MOUNTAIN, GA 30087</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Dir. John Hur</b> STREET ADDRESS <b>131 N. Quiet - Oak Circle</b> CITY-ST-ZIP <b>The Woodlands, TX 77381</b>		
TITLE <input checked="" type="checkbox"/> <b>D</b> <input type="checkbox"/> Delete NAME <b>BURKE, PETER</b> STREET ADDRESS <b>120 RIDGE RD</b> CITY-ST-ZIP <b>BIRMINGHAM, AL 35209</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Dir. Dick Jewell</b> STREET ADDRESS <b>4912 Stuart Glen Dr.</b> CITY-ST-ZIP <b>Nashville, TN 37215-4820</b>		
TITLE <input checked="" type="checkbox"/> <b>VP</b> <input type="checkbox"/> Delete NAME <b>HEAD, DAN</b> STREET ADDRESS <b>986 CHESTNUT HILL</b> CITY-ST-ZIP <b>MARIETTA, GA 30064</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> <b>P</b> <input type="checkbox"/> Delete NAME <b>HICKOK, CHUCK</b> STREET ADDRESS <b>2221 PRINCETON</b> CITY-ST-ZIP <b>SAINT PAUL, MN 55105</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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.  <b>SIGNATURE: <u><i>Dan E. Head</i></u>    <b>Dan E. Head</b>    <b>1-16-07</b>    <b>(850) 492-6044</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					