

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007000

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: BEACH COLONY RESORT CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

13599 PERDIDO KEY DR  
PENSACOLA, FL 32507

## New Principal Place of Business:

13599 PERDIDO KEY DR  
UNIT T-1-D  
PENSACOLA, FL 32507

## Current Mailing Address:

13599 PERDIDO KEY DR  
PENSACOLA, FL 32507

## New Mailing Address:

13599 PERDIDO KEY DR  
UNIT T-1-D  
PENSACOLA, FL 32507

FEI Number: 59-3539355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAIGLE, DIANE  
3031 CONCHO DR  
PENSACOLA, FL 32507 US

## Name and Address of New Registered Agent:

DAIGLE, DIANE D  
3031 CONCHO DR  
PENSACOLA, FL 32507 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: DIANE D. DAIGLE

01/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRIFFIN, RAY  
Address: 13597 PERDIDO KEY DR, UNIT 11D  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: HURSTELL, JOHN  
Address: 131 N. QUIET OAK CIRCLE  
City-St-Zip: SPRING, TX 77381

Title: S ( ) Delete  
Name: BETTY, DALBY  
Address: 3725 SWEETWATER DR  
City-St-Zip: CUMMING, GA 30041

Title: T ( ) Delete  
Name: HEINIKE, LARRY  
Address: 13599 PERDIDO KEY DR., UNIT 3B  
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Delete  
Name: HEAD, DAN E  
Address: 986 CHESTNUT HILL  
City-St-Zip: MARIETTA, GA 30064

Title: P ( ) Delete  
Name: HICKOK, CHUCK  
Address: 2221 PRINCETON AVE  
City-St-Zip: SAINT PAUL, MN 55105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DICKSON, LEW  
Address: 2322 PAULY BROOK WAY  
City-St-Zip: KNOXVILLE, TN 37932

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHUCK HICKOK

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date