

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000067530

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** BEACON RESORT MANAGEMENT, INC.

**Current Principal Place of Business:**

1114 SANTA ROSA BLVD  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

255 MIRACLE STRIP PARKWAY S.E.  
FT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

1114 SANTA ROSA BLVD  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

907 LOIS STREET  
FORT WALTON BEACH, FL 325471829

**FEI Number:** 59-3269681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIMSLEY, JAMES W  
909 MAR WALT DRIVE  
SUITE 1014  
FT WALTON BEACH, FL 32547 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: D  
Name: CORSENTINO, CHARLES A  
Address: 1114 SANTA ROSA BLVD  
City-St-Zip: FT WALTON BEACH, FL 32548

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES A. CORSENTINO

D

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date