SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $760).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 23 PM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083219

1. Corporation Name
BEACHSIDE COMMONS I, INC.

Principal Place of Business	Mailing Address
2900 ATLANTIC AVENUE #900 FERNANDINA BEACH FL 32034	2900 ATLANTIC AVENUE #900 FERNANDINA BEACH FL 32034

REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1998

2. Principal Place of Business	2a. Mailing Address
21 5895 Windward Pkwy	26 5895 Windward Pkwy
Suite, Apt. #, etc. 22 Suite 220	Suite, Apt. #, etc. 27 Suite 220
City & State 23 Alpharetta, Ga.	City & State 28 Alpharetta, Ga.
Zip / Country 24 30005 / 25 Fulton	Zip / Country 29 30005 / 30 Fulton

4. FEI Number: 59-3534013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Deborah D. Skipper — Deborah D. Skipper — 11-19-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMYTH, RICHARD P 2900 ATLANTIC AVENUE #900 FERNANDINA BEACH FL 32034 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD L. Scott Demeray 5895 Windward Pkwy Suite 220 Alpharetta, GA. 30005 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POWELL, JOSEPH C 2900 ATLANTIC AVENUE #900 FERNANDINA BEACH FL 32034 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D Betty M. Sullivan 5895 Windward Pkwy, Suite 220 Alpharetta, Ga. 30005 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Sherry Sagemiller 1460 Sprite Lane Cumming, Ga. 30041 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Bart Siegl 311 Westend Lane Knoxville, Tennessee 37919 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600003065126-12/09/99--01041--007 ****758.75 ****758.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	KE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty M. Sullivan — Betty M. Sullivan, Exec VP & Sec. — 10/19/99 — 770-740-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)