

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770408

**Entity Name:** BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21507 POMPANO AVE  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

P.O. BOX 4665  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 58-1741005**

**Certificate of Status Desired: No**

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

MURPHY, NORA  
21507 POMPANO AVE  
PANAMA CITY BEACH, FL 32413 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HANSON, HANS  
Address 85 LONG SWAMP COURT #20028  
City-State-Zip: JASPER GA 30143

Title D  
Name CARNEY, KEN  
Address 494 EMBRY LANE  
City-State-Zip: MARIETTA GA 30066

Title PD  
Name MOLINE, LYNN  
Address 5917 VIEW LANE  
City-State-Zip: EDINA MN 55436

Title TREASURER, SECRETARY  
Name BAUMANN, NANCY  
Address 123 SUNSET LANE  
City-State-Zip: MADISON MS 39110

Title D  
Name HERRERA, ANN  
Address 1403 S. MCDONOUGH ST  
City-State-Zip: DECATUR GA 30030

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

**SIGNATURE: LYNN MOLINE**

**PRESIDENT**

**04/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date