

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770408

Entity Name: BEACHSIDE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3692 E. CO. HWY 30-A
SANTA ROSA BEACH, FL 32459

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 POMPAÑO 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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date