

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770408

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**1571088969CC**

**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  
3799 EAST COUNTY HWY 30-A  
UNIT 2G  
SANTA ROSA BEACH, FL 32459 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           VP  
Name           CARNEY, KEN  
Address        494 EMBRY LANE  
City-State-Zip: MARIETTA GA 30066

Title           PRESIDENT  
Name           HUNT, DORA  
Address        150 CARRINGTON LANE  
City-State-Zip: BROOKS GA 30205

Title           SECRETARY, TREASURER  
Name           HALAPY, TRACY  
Address        2476 SAYBROOK ROAD  
City-State-Zip: UNIVERSITY HEIGHTS, OH 44118

Title           DIRECTOR  
Name           HICKS, MARCIE  
Address        101 HIGHWAY 431  
City-State-Zip: MARTIN TN 38237

*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: DORA HUNT**

**PRESIDENT**

**06/29/2020**

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

\_\_\_\_\_  
Date