

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04535** (1)

1. Corporation Name

BEACH FAMILY CONDO, INC.



Principal Place of Business

Mailing Address

503 N BROAD STREET
PO BOX 1071
THOMASVILLE GA 31799
US

503 N BROAD STREET
PO BOX 1071
THOMASVILLE GA 31799
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

Country

Zip

Country

g. Name and Address of Current Registered Agent

**ALLEN, M.H.
6213 THOMAS DRIVE
PANAMA CITY FL 32407**

3. Date Incorporated or Qualified

12/31/1984

3a. Date of Last Report

01/19/1995

4. FEI Number

58-1588312

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

Signature of Registered Agent or Current Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	BALL, WILLIAM A.	
STREET ADDRESS	1701 MILLPOND RD.	
CITY, ST, ZIP	THOMASVILLE GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, CHARLIE E.	
STREET ADDRESS	920 N. DAWSON ST.	
CITY, ST, ZIP	THOMASVILLE GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALLEN, MH	
STREET ADDRESS	114 PONY CIRCLE	
CITY, ST, ZIP	THOMASVILLE GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CASEY, JOHN C.	
STREET ADDRESS	714 N. DAWSON ST.	
CITY, ST, ZIP	THOMASVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Section 607.0505, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or in the instrument with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Allen **Sec.**

912 226-0028
01-15-96 *Serdany*

CR2E034 (12/95)