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**Jan 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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: **503 N BROAD STREET
PO BOX 1071
THOMASVILLE GA 31799
US**

Mailing Address: **503 N BROAD STREET
PO BOX 1071
THOMASVILLE GA 31799-1071
US**

3. Date Incorporated or Qualified: **12/31/1984** 3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1588312	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLEN, M.H. 6213 THOMAS DRIVE PANAMA CITY FL 32407		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, WILLIAM A.	1.2 NAME	
STREET ADDRESS	1701 MILLPOND RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLIE E.	2.2 NAME	
STREET ADDRESS	920 N. DAWSON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MH	3.2 NAME	
STREET ADDRESS	114 PONY CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, JOHN C.	4.2 NAME	
STREET ADDRESS	714 N. DAWSON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 I am named, or on an attachment with an address.

SIGNATURE: *M.H. Allen* **M.H. Allen Secretary/Treasurer 1/15/97** (912)226-0020

CR2E034 (9/96)