

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV - 5 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709172

1. Entity Name
BEACON SQUARE CIVIC ASSOCIATION, INC.



Principal Place of Business
3741 BRADFORD DRIVE
HOLIDAY, FL 34691

Mailing Address
3741 BRADFORD DRIVE
HOLIDAY, FL 34691



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1654138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANNASECK, NORMA JEAN
4218 CRAFTSBURY DRIVE
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name: RUTHANN SEIDEL

Street Address (P.O. Box Number is Not Acceptable)

4136 SAIL DR

NEW PORT RICHEY FL

City

FL

Zip Code 34652

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ruthann Seidel* RUTHANN SEIDEL 10/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME KELLY, ROBERT
STREET ADDRESS 3530 WESTCHESTER DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE VP ☒ Delete
NAME MESSINA, MARIE
STREET ADDRESS 3901 CLAREMONT DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE S ☒ Delete
NAME KREVEN, JOHN
STREET ADDRESS 3315 BINDER DR.
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D ☐ Delete
NAME MCBRAIR, AUDREY
STREET ADDRESS 3519 SPRINGFIELD DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D ☐ Delete
NAME NEYMAN, ALICE
STREET ADDRESS 4005 GRAYTON DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D ☐ Delete
NAME WALLIS, PATRICIA
STREET ADDRESS 3736 SAIL DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☒ Addition
NAME PARRICIA BREVOORT
STREET ADDRESS 3819 MING TREE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Change ☒ Addition
NAME JOANNE JOHNSON
STREET ADDRESS 3620 RICH BORO DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500112140745
11/03/07--01004--022 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruthann Seidel* RUTHANN SEIDEL 10/31/07 727-815-0626
Signature and typed or printed name of signing officer or director Date Daytime Phone #