

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722442 (1)**

1. Corporation Name  
**BEACON WOODS CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667</b>	Mailing Address <b>12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667-2410</b>
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3. Date Incorporated or Qualified <b>01/13/1972</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1789643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARGERUM, JOHN B.  
12700 CHARTER OAK WAY  
12400 CLOCKTOWER PKWY  
BAYONET POINT FL 34667**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGERUM, JOHN B.</b>	1.2 NAME	<b>RAYMOND WATSON</b>
STREET ADDRESS	<b>12700 CHARTER OAK WAY</b>	1.3 STREET ADDRESS	<b>12813 CANDLEWOOD WAY</b>
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	1.4 CITY-ST-ZIP	<b>BAYONET PT., FL 34667</b>
TITLE	<del><b>DP</b></del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>KNOWLES, THOMAS P.</b></del>	2.2 NAME	<b>ROBERT W. YOUNG</b>
STREET ADDRESS	<del><b>8700 LINCOLNSHIRE DRIVE</b></del>	2.3 STREET ADDRESS	<b>12810 PINEBROOK LA</b>
CITY-ST-ZIP	<del><b>BAYONET POINT FL</b></del>	2.4 CITY-ST-ZIP	<b>BAYONET PT., FL 34667</b>
TITLE	<del><b>DP</b></del> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>WALSH, CECELIA</b></del>	3.2 NAME	<b>WYNN W. CUPERTINO</b>
STREET ADDRESS	<del><b>12207 SILK OAK LANE</b></del>	3.3 STREET ADDRESS	<b>12235 MAGNOLIA GROVE</b>
CITY-ST-ZIP	<del><b>BAYONET POINT FL</b></del>	3.4 CITY-ST-ZIP	<b>BAYONET PT., FL 34667</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCARTHY, CHARLES E</b>	4.2 NAME	<b>EDMUND R. HOPPER</b>
STREET ADDRESS	<b>12603 CASTLEBERRY CT</b>	4.3 STREET ADDRESS	<b>7507 CLANTON TRAIL</b>
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	4.4 CITY-ST-ZIP	<b>BAYONET PT., FL 34667</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARRELL, JAMES J.</b>	5.2 NAME	<b>GEORGE SCHAFF</b>
STREET ADDRESS	<b>8028 WILDFLOWER LANE</b>	5.3 STREET ADDRESS	<b>7813 FIR ESTONE WAY</b>
CITY-ST-ZIP	<b>BOYANET POINT FL</b>	5.4 CITY-ST-ZIP	<b>BAYONET PT., FL 34667</b>
TITLE	<del><b>DS</b></del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>LARSON, DAVID L.</b></del>	6.2 NAME	
STREET ADDRESS	<del><b>8012 GREENSIDE LANE</b></del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>BAYONET POINT FL</b></del>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**John B. Margerum**  
Treasurer

CR2E037 (9/96)