

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>01/13/1972</b>
4. FEI Number <b>59-1789643</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MARGERUM, JOHN B. 12700 CHARTER OAK WAY 12400 CLOCKTOWER PKWY BAYONET POINT FL 34667</b>
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10. Name and Address of New Registered Agent 81 Name <b>KNOWLES, THOMAS P.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8700 LINCOLNSHIRE DRIVE</b> 83 84 City <b>BAYONET POINT</b> <b>FL</b> 85 Zip Code <b>34667</b>
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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 Thomas P. Knowles 3-9-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>ST D MARGERUM, JOHN B. 12700 CHARTER OAK WAY BAYONET POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>D ROBERT W. YOUNG 12910 PINEBROOK LA BAYONET POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>D WALSH, CECILIA 12207 SILK OAK LANE BAYONET POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>D MCCARTHY, CHARLES E 12903 CASTLEBERRY CT BAYONET POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>DS PARRELL, JAMES J. 8025 WILDFLOWER LANE BOYANET POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>D GEORGE SCHAFF 7813 FIRESTONE WAY BAYONET POINT FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DP RAYMOND WATSON 12813 CANDLEWOOD WAY BAYONET PT., FL 34667</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DVP ALBERT J. ROHNER 12311 LARINWOOD LANE BAYONET PT., FL 34667</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY MILDRED HESS 12611 CASTLEBERRY CT BAYONET PT., FL 34667</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D FRANK DONOHUE 8010 VALLEY STREAM LA BAYONET PT., FL 34667</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DP THOMAS P. KNOWLES 8700 LINCOLNSHIRE DR BAYONET PT., FL 34667</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D RUSSELL SMITH 8408 WAGON WHEEL LA BAYONET PT., FL</b>

14. I 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.

SIGNATURE: [Signature] 3/9/98 813-863-1267

CR2E037 (1097)