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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722442

1. Corporation Name
BEACON WOODS CIVIC ASSOCIATION, INC.

Principal Place of Business 12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667	Mailing Address 12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/13/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1789643
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNOWLES, THOMAS P. 8700 LINCOLNSHIRE DRIVE BAYONET POINT FL 34667		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 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, Treasurer DATE 3-18-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGERUM, JOHN B.	1.2 NAME	
STREET ADDRESS	12700 CHARTER OAK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY WATSON, RAYMOND P.	2.2 NAME	
STREET ADDRESS	12813 CANDLEWOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, CECELA	3.2 NAME	
STREET ADDRESS	12207 SILK OAK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHNER, ALBERT J.	4.2 NAME	
STREET ADDRESS	12311 LARINWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	4.4 CITY-ST-ZIP	
TITLE	S-DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, MILDRED	5.2 NAME	
STREET ADDRESS	12611 CASTLEBERRY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, THOMAS P.	6.2 NAME	
STREET ADDRESS	8700 LINCOLNSHIRE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: Albert J. Rohner, Resident - 3/18/99 727-863-1267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

110897 141089