

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-22-2001 90011 028 ****70.00

DOCUMENT # 722442

1. Entity Name

BEACON WOODS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12440 CLOCKTOWER PARKWAY
BAYONET PT FL 3466712440 CLOCKTOWER PARKWAY
BAYONET PT FL 34667**35198**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1789643

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROHNER, ALBERT J
12311 LARINWOOD LN
BAYONET POINT FL 34667Name **Thomas P. Knowles**

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

7639 Greystone Drive
City **BAYONET PT.** FL Zip Code **34667**

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.

SIGNATURE

Thomas P. Knowles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-6-01**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEBELL, DORIS	
STREET ADDRESS	8502 VILLAGE MILL ROW	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, RAYMOND F	
STREET ADDRESS	12108 LONGSTRAP LN	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	DP - D - President	<input type="checkbox"/> Delete
NAME	ROHNER, ALBERT J.	
STREET ADDRESS	12311 LARINWOOD LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	DP - D	<input type="checkbox"/> Delete
NAME	HESS, MILDRED	
STREET ADDRESS	12611 CASTLEBERRY CT	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	D - Treasurer	<input type="checkbox"/> Delete
NAME	KNOWLES, THOMAS P.	
STREET ADDRESS	8700 LINCOLNSHIRE DRIVE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	DO Secretary	<input type="checkbox"/> Delete
NAME	RAYMOND W. NATION	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND W. NATION	
STREET ADDRESS	12813 CANDLEWOOD WAY	
CITY-ST-ZIP	BAYONET PT. FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE *Thomas P. Knowles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

Daytime Phone #

CR2E037 (10/00)