

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90144 034 ****70.00

DOCUMENT # 722442

1. Entity Name

BEACON WOODS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12440 CLOCKTOWER PARKWAY
 BAYONET PT FL 34667**

**12440 CLOCKTOWER PARKWAY
 BAYONET PT FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1789643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOWLES, THOMAS P
 7639 GREYSTONE DRIVE
 BAYONET POINT FL 34667**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBELL, DORIS	NAME	DANIEL M MEAHL
STREET ADDRESS	8502 VILLAGE MILL ROW	STREET ADDRESS	8702 ARROW HEAD DR.
CITY-ST-ZIP	BAYONET POINT FL	CITY-ST-ZIP	BAYONET PT., FL. 34667
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATSORT, RAYMOND M	NAME	RAYMOND W. WATSON
STREET ADDRESS	12813 CANDLEWOOD WAY	STREET ADDRESS	12813 CANDLEWOOD WAY
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	BAYONET PT., FL. 34667
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHNER, ALBERT J.	NAME	BETTY J. PECK
STREET ADDRESS	12311 LARINWOOD LANE	STREET ADDRESS	12310 CAMPCREEK LANE
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	BAYONET PT., FL. 34667
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, MILDRED	NAME	ROBERT K. KACHOLD
STREET ADDRESS	12611 CASTLEBERRY CT	STREET ADDRESS	13111 WESTERN CIRCLE
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	BAYONET PT., FL. 34667
TITLE	DT <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, THOMAS P.	NAME	KNOWLES, THOMAS P.
STREET ADDRESS	8700 LINCOLNSHIRE DRIVE	STREET ADDRESS	7639 GREYSTONE DR.
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	BAYONET PT., FL. 34667
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of Thomas P. Knowles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

Daytime Phone #

CR2E037 (9/01)