


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 028 ****70.00

DOCUMENT # 722442			
1. Entity 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	
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 <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

24016924



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent FIMMANO, FRANCIS N 12221 DARWOOD DR. BAYONET POINT FL 34667		7. Name and Address of New Registered Agent	
		Name PECK, BETTY J.	
		Street Address (P.O. Box Number is Not Acceptable) 12310 CAMP CREEK LANE	
		City BAYONET POINT	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

Betty J. Peck

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIMMANO, FRANCIS N 12221 DARWOOD DR. BAYONET PT. FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMMANO, FRANCIS N. 12221 DARWOOD DRIVE BAYONET POINT, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, RAYMOND 12813 CANDLEWOOD WAY BAYONET POINT FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, RAYMOND W. 12813 CANDLEWOOD WAY BAYONET POINT, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECK, BETTY J 12310 CAMP CREEK LN. BAYONET POINT FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECK, BETTY J. 12310 CAMP CREEK LANE BAYONET POINT, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACHOLD, ROBERT K 13111 WESTERN CIRCLE BAYONET POINT FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, IGNACIO U. 8021 BEAVER CREEK LOOP BAYONET POINT, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOWLES, THOMAS P 7639 GREYSTONE DR. BAYONET PT FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, CECELIA 12207 SILK OAK LANE BAYONET POINT, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ME AHL, DANIEL M. 8702 ARROWHEAD DRIVE BAYONET POINT, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Betty J. Peck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #