


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90022 001 \*\*\*\*70.00

<b>DOCUMENT # 722442</b> 1. Entity Name <b>BEACON WOODS CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667</b>				Mailing Address <b>12440 CLOCKTOWER PARKWAY BAYONET PT FL 34667</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1789643</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PECK, BETTY J 12310 CAMP CREEK LANE BAYONET POINT FL 34667</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Betty J. Peck</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>3/24/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIMMANO, FRANCIS N		NAME	<b>Dana R. Jackson</b>	
STREET ADDRESS	12221 DARWOOD DR.		STREET ADDRESS	12852 Ironwood Circle	
CITY-ST-ZIP	BAYONET PT. FL 34667		CITY-ST-ZIP	Bayonet Point, FL 34667	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, RAYMOND		NAME	Helmut G. Meier	
STREET ADDRESS	12813 CANDLEWOOD WAY		STREET ADDRESS	8315 Cavalry Drive	
CITY-ST-ZIP	BAYONET POINT FL 34667		CITY-ST-ZIP	Bayonet Point, FL 34667	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, BETTY J		NAME		
STREET ADDRESS	12310 CAMP CREEK LN.		STREET ADDRESS		
CITY-ST-ZIP	BAYONET POINT FL 34667		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PECK, BETTY J		NAME	Andrew S. Law	
STREET ADDRESS	12310 CAMP CREEK LANE		STREET ADDRESS	12401 Gunstock Lane	
CITY-ST-ZIP	BAYONET POINT FL 34667		CITY-ST-ZIP	Bayonet Point, FL 34668	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, IGNACIO Y		NAME		
STREET ADDRESS	8021 BEAVER CREEK LOOP		STREET ADDRESS		
CITY-ST-ZIP	BAYONET PT FL 34667		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, CECILIA		NAME	Daniel M. Meahl	
STREET ADDRESS	12207 SILK OAK LANE		STREET ADDRESS	8702 Arrowhead Drive	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	Bayonet Point, FL 34667	
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: <i>Betty J. Peck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/24/05</b> Daytime Phone # <b>727-863-1267</b>		