

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90433 030 ****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

4. FEI Number **59-1789643**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **Francis N. Fimmano**

Street Address (P.O. Box Number is Not Acceptable)
12221 Darwood Drive

Bayonet Point, FL 34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Francis N. Fimmano, Treasurer**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ME AHL, DANIEL M 8702 ARROW HEAD DR BAYONET PT. FL 34667 | <input checked="" type="checkbox"/> Delete |
| 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 | S PECK, BETTY J 12310 CAMPCREEK LANE BAYONET POINT FL 34667 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KACHOLD, ROBERT K 13111 WESTERN CIRCLE BAYONET POINT FL 34667 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KNOWLES, THOMAS P 7639 GREYSTONE DR BAYONET PT FL 34667 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D FIMMANO, FRANCIS N. 12221 Darwood Drive Bayonet Point, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Meier, Helmut 8315 Cavalry Drive Bayonet Point, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D 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 Rodriguez, Ignacio 8021 Beaver Creek Lane Bayonet Point, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Knowles, Thomas P. 7639 Greystone Drive Bayonet Point, FL 34667 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Babiarz, Mark 8207 Edgemore Lane 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)(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:

Francis N. Fimmano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03 (727) 863-1277

CR2E037 (10/02)