FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731325 (7)

1. Corporation Name

CONDOMINIUM NUMBER 5 OF BEACON LAKES, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US	P.O. BOX 1448 PALM HARBOR FL 34682-1448 US

3. Date Incorporated or Qualified: 12/04/1974
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1594268 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
3490 EAST LAKE ROAD, STE C
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	OLSEN, FRED	1.2 NAME	Bob VERHAEGHE	
STREET ADDRESS	4439 PELORUS DRIVE	1.3 STREET ADDRESS	3840 LANYARD COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CODY, MARIE	2.2 NAME		
STREET ADDRESS	4446 PELORUS DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CURTIS, DICK	3.2 NAME		
STREET ADDRESS	4439 CHART COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LERCH, HARRY	4.2 NAME		
STREET ADDRESS	3825 LIGHTHOUSE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	FLETCHER, GENE	5.2 NAME		
STREET ADDRESS	445 PELORUS	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	IANNONE, JOHN	6.2 NAME	BOB HINDSHAW	
STREET ADDRESS	3843 LANYARD COURT	6.3 STREET ADDRESS	3821 LIGHTHOUSE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene L. Fletcher 3/24/95 (813) 847-5366
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
EUGENE FLETCHER

C06000