

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB 17 PM 3:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 744987 (9)

**1. Corporation Name
BEACH GARDEN "A" ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business Mailing Address
C/O WILLIAM A. JOHNSON C/O WILLIAM A. JOHNSON
114 ANGUILLA LANE 114 ANGUILLA LANE
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923**

**3. Date Incorporated or Qualified 11/16/1978 3a. Date of Last Report 02/23/1994
4. FEI Number 65-0049707 Applied For Not Applicable**

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

**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**

**9. Name and Address of Current Registered Agent
WILLIAM A. JOHNSON
114 ANGUILLA LANE
BONITA SPRINGS FL 33923**

**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 607.0902 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 *William Johnson* William Johnson P/S/D DATE 02/08/95

12. OFFICERS AND DIRECTORS

TITLE	VID
NAME	GOLDMAN, ALAN
STREET ADDRESS	9751 W. TERRY ST. P.O. BOX 2448
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	PSD
NAME	JOHNSON, WILLIAM A.
STREET ADDRESS	114 ANGUILLA LANE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D
NAME	AGNELLI, JOHN
STREET ADDRESS	8825 E. TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33959-2448
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33923
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33940
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a preceding report with an address.

SIGNATURE: *William Johnson* William Johnson 02/08/95 (813) 495 0949