

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744987** (9)

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



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

3. Date Incorporated or Qualified: **11/16/1978**  
3a. Date of Last Report: **02/17/1995**  
4. FEI Number: **65-0049707**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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: **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, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOLDMAN, ALAN</b>		1.2 NAME:	
STREET ADDRESS: <b>9751 W. TERRY ST. P.O. BOX 2448</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>		1.4 CITY-ST-ZIP:	
TITLE: <b>PSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JOHNSON, WILLIAM A.</b>		2.2 NAME:	
STREET ADDRESS: <b>114 ANGUILLA LANE</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>AGNELLI, JOHN</b>		3.2 NAME: <b>FRANZ J ROSINUS</b>	
STREET ADDRESS: <b>8825 E. TAMiami TRAIL</b>		3.3 STREET ADDRESS: <b>4326 BONITA BEACH RD</b>	
CITY-ST-ZIP: <b>NAPLES FL</b>		3.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A. Johnson* WILLIAM A JOHNSON, PSD, 02/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (813) 516 3839

CR2E037 (12/95)