

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 14 1997 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34134-8507 |
|--|---|

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|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 11/16/1978 | 3a. Date of Last Report 03/01/1996 |
| 21. Sulte, Apt. #, etc. | 26. Sulte, Apt. #, etc. | 4. FEI Number 65-0049707 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip Country | 28. Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip Country | 29. Zip Country | 30. Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

| | |
|--|--------------|
| B1. Name | B5. Zip Code |
| B2. Street Address (P.O. Box Number is Not Acceptable) | |
| B3. | |
| B4. City | 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

| | |
|----------------|--|
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, ALAN |
| STREET ADDRESS | 9751 W. TERRY ST. P.O. BOX 2448 |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | PSD <input type="checkbox"/> DELETE |
| NAME | JOHNSON, WILLIAM A. |
| STREET ADDRESS | 114 ANGUILLA LANE |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | ROSINUS, FRANZ J. |
| STREET ADDRESS | 4326 BONITA BEACH ROAD |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | WILLIAM DEMMER |
| 3.3 STREET ADDRESS | 112 ANGUILLA LANE |
| 3.4 CITY-ST-ZIP | BONITA SPRINGS, FL. 34134 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | RAINER FILTHAUT |
| 4.3 STREET ADDRESS | 4100 TAMiami TR. N. SUITE 265 |
| 4.4 CITY-ST-ZIP | NAPLES FL. 34103 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | GENE WINDFELDT |
| 5.3 STREET ADDRESS | 23404 WINGFOOT DR. |
| 5.4 CITY-ST-ZIP | WESTLAKE OH. 44145 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | JEFFREY BERLIN |
| 6.3 STREET ADDRESS | 12900 WHITE VIOLET DR. |
| 6.4 CITY-ST-ZIP | NAPLES, FL. 34110 |

14. I do 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 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.

CR2E037 (9/96)