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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744987 (9)
1. Corporation Name
BEACH GARDEN "A" ASSOCIATION, INC.



Principal Place of Business C/O JEFFERY BERLIN 12900 WHITE VIOLET DRIVE NAPLES FL 34110	Mailing Address C/O JEFFERY BERLIN 12900 WHITE VIOLET DRIVE NAPLES FL 34110
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3. Date Incorporated or Qualified 11/16/1978	
4. FEI Number 65-0049707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 107 Bonaire Lane Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Bonita Springs FL	27 City & State 28 1
24 Zip 34135 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BERLIN, JEFFERY
12900 WHITE VIOLET DRIVE
NAPLES FL 34110**

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 *[Signature]* DATE **1/10/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	DEMME, WILLIAM
STREET ADDRESS	112 ANGUILLA LANE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FILTHAUT, RAINER
STREET ADDRESS	4100 TAMiami TR., STE. 265
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WINDFELDT, GENE
STREET ADDRESS	23404 WINGFOOT DR.
CITY-ST-ZIP	WESTLAKE OH
TITLE	VTD <input type="checkbox"/> DELETE
NAME	BERLIN, JEFFREY
STREET ADDRESS	12900 WHITE VIOLET DR.
CITY-ST-ZIP	NAPLES FL

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 type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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.

SIGNATURE: *[Signature]* DATE **1/10/98** DAYTIME PHONE # **941522333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)