

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

APPROVED
AND
FILED

95 APR 23 PM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744994 (5)

1. Corporation Name

BEACH GARDEN "H" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 2129
BONITA SPRINGS FL 33959

P O BOX 2129
BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1978

3a. Date of Last Report

08/17/1994

4. FEI Number

59-2474386

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**MAURER, CHARLES F JR.
28370 S TAMiami TRAIL
BONITA SPRINGS FL FL 33923**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BOOKBINDER, RICHARD
STREET ADDRESS	11 EXETER RD
CITY - ST - ZIP	SHORT HILL NJ
TITLE	STD
NAME	MAURER, CHARLES F, JR
STREET ADDRESS	28370 S TAMiami TRAIL
CITY - ST - ZIP	BONITA SPRINGS FL
TITLE	VD
NAME	WAXER, EDWARD
STREET ADDRESS	4277 BONITA BEACH RD. SUITE 178
CITY - ST - ZIP	BONITA SPRINGS FL 33923
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Edward Waxer	
1.3 STREET ADDRESS	4277 Bonita Beach Road, Suite 178	
1.4 CITY - ST - ZIP	Bonita Springs, FL 33923	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Franz Rosinus	
2.3 STREET ADDRESS	25151 Penny Royal Drive	
2.4 CITY - ST - ZIP	Bonita Springs, FL 33923	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Dan Stengl	
3.3 STREET ADDRESS	227 Lely Beach Blvd.	
3.4 CITY - ST - ZIP	Bonita Springs, FL 33923	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	Charles F. Maurer, Jr.	
4.3 STREET ADDRESS	28370 S. Tamiami Trail	
4.4 CITY - ST - ZIP	Bonita Springs, FL 33923	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 119.07(3)(b), 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 applicable, or in an attachment with an address.

SIGNATURE:

Charles F. Maurer, Jr., Treasurer/Director

4/25/95

(813) 992-9611

Date

(System Printed)