

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/16/1978

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **227 Lely Beach Blvd**

26 **227 Lely Beach Blvd**

4. FEI Number
59-2474386

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Bonita Springs FL**

28 **Bonita Springs FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip **33923**

Country **USA**

Zip **33923**

Country **USA**

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 **Dan Stingl**

82 Street Address (P.O. Box Number is Not Acceptable)
227 Lely Beach Blvd

83

84 City **Bonita Springs**

FL

85 Zip Code
33923

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

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

Dan Stingl, Treasurer
(NOTE: Registered Agent signature required when reinstating)

1/19/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD WAXER, EDWARD**
STREET ADDRESS **4277 BONITA BEACH ROAD, SUITE 178**
CITY - ST - ZIP **BONITA SPRINGS FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VD ROSINUS, FRANZ**
STREET ADDRESS **25151 PENNY ROYAL DRIVE**
CITY - ST - ZIP **BONITA SPRINGS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TD STINGL, DAN**
STREET ADDRESS **227 LELY BEACH BLVD**
CITY - ST - ZIP **BONITA SPRINGS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD MAURER, JR. C**
STREET ADDRESS **28370 S. TAMiami TRAIL**
CITY - ST - ZIP **BONITA SPRINGS FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Dan Stingl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (941) 992-4831
Date Daytime Phone #

CR2E037 (12/95)