FILE NOW: FILING FEE IS $61.25

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90258 019 ****61.25

0064727

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744994**

1. Corporation Name
BEACH GARDEN "H" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
227 LELY BEACH BLVD BONITA SPRINGS FL 34134 US	227 LELY BEACH BLVD BONITA SPRINGS FL 34134 US

2. Principal Place of Business 21 227 Barefoot Beach Blvd 22 Suite, Apt. #, etc. 23 City & State: Bonita Springs, FL 24 Zip: 34134 25 Country: USA	2a. Mailing Address 26 227 Barefoot Beach Blvd 27 Suite, Apt. #, etc. 28 City & State: Bonita Springs, FL 29 Zip: 34134 30 Country: USA	3. Date Incorporated or Qualifed: 11/16/1978 4. FEI Number: 59-2474386 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STINGL, DON
227 LELY BEACH BLVD
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Dan Stingl
82 Street Address (P.O. Box Number is Not Acceptable): 227 Barefoot Beach Blvd
83
84 City: Bonita Springs FL 85 Zip Code: 34134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARKHUFF, WALDO H		1.2 NAME		
STREET ADDRESS	108 HISPANIOLA LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	Vice President - Director	☒ Change ☐ Addition
NAME	STINGL, DAN		2.2 NAME	Stingl, Dan	
STREET ADDRESS	227 LELY BEACH BLVD		2.3 STREET ADDRESS	227 Barefoot Beach Blvd	
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAURER, JR. C		3.2 NAME		
STREET ADDRESS	28370 S. TAMIAMI TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Treasurer - Director	☐ Change ☒ Addition
NAME			4. 2 NAME	Jonica Stingl	
STREET ADDRESS			4.3 STREET ADDRESS	227 Barefoot Beach Blvd	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Dan Stingl SIGNATURE REQUIRED 4/14/99 941 992-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)