

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744994

1. Entity Name

BEACH GARDEN "H" ASSOCIATION, INC.

Principal Place of Business

227 BAREFOOT BEACH BLVD
BONITA SPRINGS FL 34134
US

Mailing Address

227 BAREFOOT BEACH BLVD
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2474386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINGL, DAN
227 BAREFOOT BEACH BLVD
BONITA SPRINGS FL 34134

Name

Susan Loyd

Street Address (P.O. Box Number is Not Acceptable)

109 Inagua Lane
Bonita Springs, FL 34134

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARKHUFF, WALDO H
STREET ADDRESS 108 HISPANIOLA LN
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME STINGL, DAN
STREET ADDRESS 227 BAREFOOT BEACH BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LOYD, SUSAN
STREET ADDRESS 109 INAGUA LN
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME LOYD, PHIL
STREET ADDRESS 109 INAGUA LN
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)