2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 744994

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

Principal Place of Business	Mailing Address
109 INAGUA LANE BONITA SPRINGS, FL 34134 US	109 INAGUA LANE BONITA SPRINGS, FL 34134 US

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03032003 No Chg-NP CR2E037 (10/03)

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

LOYD, SUSAN
109 INAGUA LANE
BONITA SPRINGS, FL 34134

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

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

U00000159864
05/12/04-80003-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARKHUFF, WALDO H
STREET ADDRESS	108 HISPANIOLA LN
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	TD
NAME	STINGL, DAN
STREET ADDRESS	227 BAREFOOOT BEACH BLVD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	SD
NAME	LOYD, SUSAN
STREET ADDRESS	109 INAGUA LN
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VD
NAME	LOYD, PHIL
STREET ADDRESS	109 INAGUA LN
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ May 1, '04 239-495-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUSAN LOYD