FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

ALICE HOSTETLER 330 MIMOSA CIR SARASOTA FL 34232

SIGNATURE:

746314

(4)

Mailing Address

ALICE HOSTETLER 330 MIMOSA CIR SARASOTA FL 34232

BEECHWOOD ESTATES ASSOCIATION, INC.

FILED Feb 04 1998 8:00am Secretary of State

Applied For Not Applicable

3. Date Incorporated or Qualified

65-016439

03/20/1979 4. FEI Number

21	race or business	26. Maining Address		5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?
23 28			₩ Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	1=-1	30	Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered Agent
			or Name	
HOSTETLER, ALICE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
330 MIMIOSA CIR			83	
SAFASUTA FL 34232				
			84 City	FL 85 Zip Code
11 Durguent to the appringing of Captions of Captions 617 0500 and 617 1500 Elegida Statutes the phase approximation as booking this phase of captions of chaptering its captions.				
office or registered agent, or both, in the State of Florida State by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familian with, and accept the obligations of, Section 617.0503, Florida Statutes.				
$(10^{\circ}, 20^{\circ})$				
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	RICH, DAN		1.2 NAME	
STREET ADDRESS	205 MIMOSA CR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ CELETE	2.1 TITLE	Change Addition
NAME	Lah, Erich		2.2 NAME	
STREET ADDRESS	185 MIMOSA CR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		2, 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	SD	DELETE	3.1 TITLE	L. Change . Addition
NAME	Bassignani, Mary ann		3.2 NAME	
STREET ADDRESS	35 MIMOSA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY-ST-ZIP	
TITLE	π	DELETE	4.1 TITLE	Change Addition
NAME	HOSTETLER, ALICE		4. 2 NAME	
STREET ADORESS	330 MIMOSA CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	Closics	4.4 CITY - ST - ZIP	T Ohana E Addition
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		L DELETE	5.4 CITY - ST - ZIP	Change Addition
TITLE		☐ DETER	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	artily that the information cupolical with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(9)(i) Florida Statutos I further certify that the information
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, along an attachment with an address.				