2002 UNIFORM BUSINESS REPORT (UBR) Mar 19, 2002 8:00 am **DOCUMENT # 746314 Secretary of State** BEECHWOOD ESTATES ASSOCIATION, INC. 03-19-2002 90012 046 ****70 00 Mailing Address Principal Place of Business ALICE HOSTETLER ALICE HOSTETLER 330 MIMOSA CIR 330 MIMOSA CIR SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0164391 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired **Dayas**e Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOSTETLER, ALICE 330 MIMIOSA CIR SARASOTA FL 34232 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Change Addition TITLE TITLE Delete Delete GIORDANO, ERNIE NAME NAME STREET ADDRESS STREET ADDRESS 30 MIMOSA DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition Change VPD Delete TITLE Daniel, Jerr Daniel, Jerry NAME 105 MIMOSA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP =-SARASOTA FL 34232 Change ☐ Addition ☐ Delete TITLE SOLOMON, RHODA NAME STREET ADDRESS STREET ADDRESS 100 MIMOSA DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 **X** Addition TITLE TITLE Delete Bond Bond, Susan K NAME HOSTETLER, ALICE NAME STREET ADDRESS STREET ADDRESS 330 MIMOSA CIRCLE CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 ☐ Change ☐ Addition Delete TITLE TITLE HOPKINS, ALICE NAME NAME STREET ADDRESS STREET ADDRESS 80 MIMOSA DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Change Addition ☐ Delete TITLE TITLE NAME LAH, ERICH NAME STREET ADDRESS STREET ADDRESS 185 MIMOSA DR. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 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 attachme

SIGNATURE: STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Printed NAME OF SIGNING OFFICER OR DIRECTOR