

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 771277 (1)
 1. Corporation Name
 BEACON SQUARE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 10438 LAKEPORT CT. LEHIGH ACRES FL 33906
 Mailing Address: P.O. BOX 919 LEHIGH ACRES FL 33970-0919 US

3. Date Incorporated or Qualified: 11/16/1983
 3a. Date of Last Report: 03/23/1995
 4. FEI Number: 59-2371502
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
 2a. Mailing Address: 26 P.O. Box 946 27 Suite, Apt. #, etc. 28 Lehigh Acres, FL 29 Zip 30 US

9. Name and Address of Current Registered Agent
 SWEET, CECILIA
 10563 PUTNAM COURT
 LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	STRUNK, ROY	12 NAME	HUFNAGEL, CARL
STREET ADDRESS	10483 BEACON SQUARE CIRCLE	13 STREET ADDRESS	10512 NEWBURY CT. LEHIGH ACRES FL
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	VP
NAME	SWEET, CECILIA,	22 NAME	PURSEL, GLENN
STREET ADDRESS	10563 PUTNAM CT.	23 STREET ADDRESS	10603 ROXBURY CT
CITY-ST-ZIP	LEHIGH ACRES FL	24 CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	S	31 TITLE	S
NAME	GREAVES, MARGARET	32 NAME	PURSEL, ANN
STREET ADDRESS	10846 TALMADGE COURT	33 STREET ADDRESS	10603 ROXBURY CT
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D	41 TITLE	D
NAME	HITE, JOHN	42 NAME	ADRAGNA GLADYS
STREET ADDRESS	10840 TALMADGE COURT	43 STREET ADDRESS	10578 QUINCY CT
CITY-ST-ZIP	LEHIGH ACRES FL	44 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VP	51 TITLE	
NAME	MARIK, WALTER R.	52 NAME	
STREET ADDRESS	10438 LAKEPORT CT.	53 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	
NAME	WILLIAMS, MARLANE	62 NAME	
STREET ADDRESS	10443 NEW BEDFORD COURT	63 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	64 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE D
 12 NAME HUFNAGEL, CARL
 13 STREET ADDRESS 10512 NEWBURY CT. LEHIGH ACRES FL
 14 CITY-ST-ZIP
 21 TITLE VP
 22 NAME PURSEL, GLENN
 23 STREET ADDRESS 10603 ROXBURY CT
 24 CITY-ST-ZIP LEHIGH ACRES FL
 31 TITLE S
 32 NAME PURSEL, ANN
 33 STREET ADDRESS 10603 ROXBURY CT
 34 CITY-ST-ZIP LEHIGH ACRES FL
 41 TITLE D
 42 NAME ADRAGNA GLADYS
 43 STREET ADDRESS 10578 QUINCY CT
 44 CITY-ST-ZIP LEHIGH ACRES, FL 33936
 51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Glenn W. Purset 6/11/96 941-369-4018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 GLENN W. PURSET CS718196 0014120

CR2E037 (3/96)