## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010587

FILED Apr 13, 2009 Secretary of State

Entity Name: BECKETT WAY TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
28100 US HIGHWAY 19 NORTH STE 305 CLEARWATER, FL 33716					28100 US HIGHWAY 19 NORTH STE 205 CLEARWATER, FL 33716				
Current Mailing Address:					New Mailing Address:				
28100 US HIGHWAY 19 NORTH STE 305 CLEARWATER, FL 33716					28100 US HIGHWAY 19 NORTH STE 205 CLEARWATER, FL 33716				
FEI Number:	11-3764813	FEI Number A	oplied For()	FEI Nun	nber Not Appli	cable ( )	Certifica	ate of Status D	esired()
Name and	Address of Cu	ırrent Regist	ered Agent:		Name and	Address of N	lew Reg	jistered Age	ent:
SUITE 305 CLEARWA The above	HIGHWAY 19 N TER, FL 3376 <sup>2</sup> named entity su	FREDA, ALBERTO 28100 US HIGHWAY 19 NORTH, SUITE 305 SUITE 205 CLEARWATER, FL 33761 US of changing its registered office or registered agent, or both,							
in the State									
SIGNATURE:					04/13/2009				
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD ()[ MILES, SARAH 1524 HILLVIEW TARPON SPRING				Title: Name: Address: City-St-Zip:	( )	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ()[ HILLSTROM, MIC 1561 HILLVIEW TARPON SPRINC	LANE			Title: Name: Address: City-St-Zip:	VPD (X) NICHOLS, RAY 1554 HILLVIEW TARPON SPRIN	MOND V LANE	( ) Addition 34689	
Title: Name: Address: City-St-Zip:	SD ()E BERNSTEIN, CO 1500 HILLVIEW TARPON SPRING	LANE			Title: Name: Address: City-St-Zip:	( )	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	TD () [ NICHOLS, RAYM 1554 HILLVIEW TARPON SPRING	LANE			Title: Name: Address: City-St-Zip:	TD (X) HILLSTROM, M 1561 HILLVIEW TARPON SPRIN	IICHAEL V LANE	( ) Addition 34689	
Title: Name: Address: City-St-Zip:	1()	Delete			Title: Name: Address: City-St-Zip:	D ( ) SNELL, MICHA 1575 HILLVIEW TARPON SPRIM	EL V LANE	(X) Addition 34689	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH MILES PD 04/13/2009