

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17302 (3)**

1. Corporation Name

BEACHWALK RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

705 REEF POINT CIR.
NAPLES FL 33963

705 REEF POINT CIR.
NAPLES FL 33963

3. Date Incorporated or Qualified
10/14/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

4. FEI Number

59-2745854

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, JAMES
HICKEY, JOHN P.
NAPLES FL 33963**

81 Name

John P. Hickey, President

82 Street Address (P.O. Box Number is Not Acceptable)

811 Reef Point Circle

83

84 City

Naples

FL

85 Zip Code

33963

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

John P. Hickey

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, JOSEPH H.	
STREET ADDRESS	537 BEACHWALK CIRCLE	
CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GORDON E.	
STREET ADDRESS	743 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BREWSTER, HAROLD O.	
STREET ADDRESS	601 BEACHWALK CIR. #204	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HICKEY, JOHN P.	
STREET ADDRESS	811 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMANEMIN, JOHN A.	
STREET ADDRESS	559 BEACHWALK CIRCLE #203	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRICK, KENNETH L.	
STREET ADDRESS	613 BEACHWALK CIR. #103	
CITY-ST-ZIP	NAPLES FL	

11 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Hanley, William	
13 STREET ADDRESS	817 Reef Point Circle, Naples, FL	
14 CITY-ST-ZIP	33963	
21 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jacobus, Richard	
23 STREET ADDRESS	711 Reef Point Circle	
24 CITY-ST-ZIP	Naples, FL 33963	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Metzger, Anthony	
33 STREET ADDRESS	531 Beachwalk Circle	
34 CITY-ST-ZIP	Naples, FL 33963	
41 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Rollinson, Bruce	
53 STREET ADDRESS	839 Reef Point Circle, Naples, FL	
54 CITY-ST-ZIP	33963	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John P. Hickey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John P. Hickey, President

Date **5-1-96** Daytime Phone # **941-566-2244**

CR2E037 (12/95)