


FILE NOW: FILING FEE IS \$61.25

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**Apr 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17302 (3)
 1. Corporation Name
BEACHWALK RESIDENTS ASSOCIATION, INC.



Principal Place of Business 705 REEF POINT CIR. NAPLES FL 33963	Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US
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3. Date Incorporated or Qualified 10/14/1986		
4. FEI Number 59-2745854	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 1044 Castello Drive	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite 206	27 Suite, Apt. #, etc.
23 Naples, FL	28 City & State
24 34103	29 30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MANAGEMENT CORP
 1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 re-appointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	HANLEY, WILLIAM	<input checked="" type="checkbox"/> DELETE	
NAME	817 REEF POINT CIRCLE		
STREET ADDRESS	NAPLES, FL 33963		
CITY-ST-ZIP			
TITLE TD	JACOBUS, RICHARD	<input checked="" type="checkbox"/> DELETE	
NAME	711 REEF POINT CIRCLE		
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			
TITLE VD	GARRITY, PHIL	<input type="checkbox"/> DELETE	
NAME	800 REEF POINT CIRCLE		
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			
TITLE PD	LEDBETTER, RAY	<input checked="" type="checkbox"/> DELETE	
NAME	810 REEF POINT CIRCLE		
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			
TITLE D	ROLLINSON, BRUCE	<input checked="" type="checkbox"/> DELETE	
NAME	830 REEF POINT CIRCLE		
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			
TITLE SD	MERRICK, KENNETH L.	<input type="checkbox"/> DELETE	
NAME	613 BEACHWALK CIR. #103		
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			

1.1 TITLE Brewster, Howard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 601 Beachwalk Circle #204	
1.4 CITY-ST-ZIP Naples, FL	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS Murgalo, Joe	
2.4 CITY-ST-ZIP 813 Reef Point Circle	
3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS Smith, Barbara	
4.4 CITY-ST-ZIP 750 Reef Point Circle	
5.1 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS Elberfeld, Julius	
5.4 CITY-ST-ZIP 589 Beachwalk Circle #201	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **4/10/98**

CR2E037 (10/97)

Beachwalk Residents Association, Inc.

**Rice, Bob
806 Reef Point Circle
Naples, FL 34108**