

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90114 044 ****61.25

DOCUMENT # N17302

1. Entity Name

BEACHWALK RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1044 CASTELLO DRIVE
 SUITE #206
 NAPLES FL 34103
 US

1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2745854

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SOUTHWEST PROPERTY MANAGEMENT CORP~~
~~1044 CASTELLO DRIVE~~
~~SUITE 206~~
~~NAPLES FL 34103~~

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	WOIWODE, LOUIS H	661 WINDSMERE LN #101	NAPLES FL 34105	<input checked="" type="checkbox"/>
PD	MURGALO, JOE	813 REEF POINT CIRCLE	NAPLES FL 34108	<input type="checkbox"/>
SD	TEGEN, TOM	784 REEF POINT CIRCLE	NAPLES FL 34108	<input type="checkbox"/>
D	FERRANTE, ROBERT	790 REEF POINT CIR	NAPLES FL 34108	<input type="checkbox"/>
D	RICE, FRED	808 REEF POINT CIRCLE	NAPLES FL 34108	<input type="checkbox"/>
VD	LODER, CAROL	901 REEF POINT CIR.	NAPLES FL 34108	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	George Winkler	601 Beachwalk Circle #203	Naples, FL 34108	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ed Kain	575 Beachwalk Circle	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/24/02

CR2E037 (9/01)