

FROM : BEACHWALK RESIDENTS ASSN

FAX NO. : 941+566+2323

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2004 8:00 am Secretary of State

05-11-2004 90076 010 ****61.25

DOCUMENT # N17302

1. Entity Name
BEACHWALK RESIDENTS ASSOCIATION, INC.



Principal Place of Business
1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 US

Mailing Address
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2745854

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
KRANER-TRIMM MGT. GROUP L.L.C.
Street Address (P.O. Box Number is Not Acceptable)
6737 LONE OAK BLVD.
NAPLES, FL 34109
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Kirk Bliss Vice President**

[Handwritten Signature]

DATE: **May 7, 2004**

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	WIEBEV, GEORGE
STREET ADDRESS	601 BEACHWALK CIR. #203
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MURGALO, JOE
STREET ADDRESS	813 REEF POINT CIRCLE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete
NAME	TEGEN, TOM
STREET ADDRESS	784 REEF POINT CIRCLE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FERRANTE, ROBERT
STREET ADDRESS	790 REEF POINT CIR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete
NAME	RICE, FRED
STREET ADDRESS	808 REEF POINT CIRCLE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete
NAME	LODER, CAROL
STREET ADDRESS	901 REEF POINT CIR.
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leadership
STREET ADDRESS	649 Beachwalk Circle #204
CITY-ST-ZIP	Naples, FL 34108
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Stoner
STREET ADDRESS	817 Reef Point Circle
CITY-ST-ZIP	Naples FL 34108
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Morisey
STREET ADDRESS	764 Reef Point Circle
CITY-ST-ZIP	Naples FL 34108
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Carol A. Loder

5/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #