




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

04-27-2005 90321 034 ****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 616 KRAMER-TRIAD MGMT, LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3030 HORSESHOE DR. N. #225	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
34105	USA	34105	USA
4. FEI Number 59-2745854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER-TRIAD MGT. GROUP L.L.C. 6732 LONE OAK BLVD. NAPLES, FL 34109		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable) 6732 LONE OAK BLVD.		Street Address (P.O. Box Number is Not Acceptable) 3750 HORSESHOE DR. N. #225	
City NAPLES		City NAPLES	
State FL		State FL	
Zip Code 34105		Zip Code 34105	
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: 		DATE: 05/19/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEBEV, GEORGE	NAME	GEORGE WIEBER
STREET ADDRESS	601 BEACHWALK CIR. #203	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D <input type="checkbox"/> Delete	TITLE	LEE DOERING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERING, LEE	NAME	LEE DOERING
STREET ADDRESS	849 BEACHWALK CIRCLE #204	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEGEN, TOM	NAME	CONSTANCE TEGAN
STREET ADDRESS	784 REEF POINT CIRCLE	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONER, DON	NAME	DONALD STONER
STREET ADDRESS	817 REEF POINT CIRCLE	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, FRED	NAME	ALAN LISSAMAN
STREET ADDRESS	808 REEF POINT CIRCLE	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LODER, CAROL	NAME	RICHARD MCCARTHY
STREET ADDRESS	901 REEF POINT CIR.	STREET ADDRESS	3030 HORSESHOE DR. N. #225
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL 34105
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE: 05/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAY AND MONTH YEAR	

ATTACHMENT

66018776

#N17302

ADDITION:

TITLE - VP-D

RALPH BLATTNER

3950 HORSESHOE DR. N. #275

NAPLES, FL 34105