


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90046 026 \*\*\*\*61.25

DOCUMENT # N17302			
1. Entity Name BEACHWALK RESIDENTS ASSOCIATION, INC.			
Principal Place of Business C/O RESOA MANAGEMENT 2685 HORSESHOE DR. S #215 NAPLES, FL 34104 US		Mailing Address C/O RESOA MANAGEMENT 2685 HORSESHOE DR. S #215 NAPLES, FL 34104 US	
2. Principal Place of Business - No. P.O. Box # <i>C/O Resort Mgmt</i>		3. Mailing Address <i>C/O Resort Mgmt</i>	
Suite, Apt. #, etc. <i>2685 Horseshoe Dr. S. #215</i>		Suite, Apt. #, etc. <i>2685 Horseshoe Dr. S. #215</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
Zip <i>34104</i>		Country <i>US</i>	
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 MCCARTHY, RICHARD 705 REAFPOINT CIRCLE NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Carroll L. Stoner</i> DATE <i>4/9/07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D WIEBEV, GEORGE 3050 HORSESHOE DR N, # 275 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Loder, Carol 901 Reef Point Cir. NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERBER, GEORGE 601-203 BEACHWALK CIRCLE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Herbst James 937 Reef Point Cir. NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TEGEN, CONSTANCE 784 REAF POINT CIRCLE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Christensen, Jon 637 Beachwalk Cir. #E204 NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STONER, DONALD 817 1493 REAF POINT CIRCLE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stoner, Donald 817-1493 Reef Point Cir. NAPLES, FL. 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSMAN, ALAN 513 1493 REAF POINT CIRCLE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lissman, Alan 513-1493 Beachwalk Cir. NAPLES, FL. 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, RICHARD 583 Q201 BEACHWALK CIRCLE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Wendel, Marty 810 Reef Point Cir. NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Carroll L. Stoner</i>		Date Daytime Phone #	