## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N17302**

1. Entity Name

## BEACHWALK RESIDENTS ASSOCIATION, INC.



FILED
May 05, 2003 8:00 am §
Secretary of State

05-05-2003 90298 047 \*\*\*\*61.25

				سننانه						
Principal Place of Business  1044 CASTELLO DRIVE SUITE #206 NAPLES FL 34103 US		Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US			L 10 64 1171 00 h 111	INI K <b>ara</b> kino <b>at</b> in <b>i</b> h <b>a</b> i <b>a</b>			II <b>214</b> II 1881	
2. Principal Place of Business 3. N			. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number <b>59-2745854</b> Applied For Not Applical				
Zip Country			Country	intry 5. Certifica				8.75 Add	3.75 Additional	
. Name and Address o	f Current Register	ed Agent	No.		7. Name and Add	ress of New Regis		<del></del> _		
SOUTHWEST PROPERTY MANAGEMENT CORP 1044 CASTELLO DRIVE SUITE 206				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34103			City				FL	Zip Cod	e	
	atement for the purp	pose of changing its r	registered office of	or registere	ed agent, or both, in	the State of Florida.		miliar with,	and accept	
ture, typed or printed name of reg	istered agent and title if api	plicable. (NOTE:	Registered Agent signa	iture required	when reinstating)		DATE			
FILE MAJOV FEE TO ADT ZO					\$5.00 May Be Added to Fees					
OFFICER:	S AND DIRECTORS	<u> </u>	11.		DDITIONS/CHANG	ES TO OFFICERS A	ND DIRI	ECTORS IN	10	
BEACHWALK CIR. #	203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
RGALO, JOE REEF POINT CIRCLI		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MU 813	REEF Poin	t Circle		<b>⊠</b> Change	☐ Addition	
SD Delete TEGEN, TOM 784 REEF POINT CIRCLE NAPLES FL 34108			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE TEGO	E PRESIDENT WORLD TOM REEF Point Circle				Addition	
RANTE, ROBERT REEF POINT CIR		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			☐ Change	Addition	
e, fred Reef point circu		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICE,	FRED REEF POIN	r Circle		Change Change	☐ Addition	
DER, CAROL REEF POINT CIR. PLES FL 34108		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resil Lode 901 Na	bent r, Carol Reet foint ples, FC	Circle 34108			☐ Addition	
	COUNTRY  Name and Address of PROPERTY MANAGE LO DRIVE  4103  ed entity submits this state of registered agent.  NOW: FEE IS \$61  OFFICER: BEV, GEORGE BEACHWALK CIR. # PLES FL 34108  REALO, JOE REEF POINT CIRCLE PLES FL 34108  RANTE, ROBERT REEF POINT CIRCLE PLES FL 34108  E, FRED REEF POINT CIRCLE PLES FL 34108  E, FRED REEF POINT CIRCLE PLES FL 34108  DER, CAROL REEF POINT CIRCLE PLES FL 34108  DER, CAROL REEF POINT CIRCLE PLES FL 34108	of Business  Of Country  Of	INE 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US  of Business	The state of registered agent and 33 at applicable.  INDEED BY SET	IN THE STREET ADDRESS	INVE SUITE 2008  SUITE ADD.  SUITE ADD.  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of State  A. FEI Number 50  Country  Street Address of Current Registered Agent  PROPERTY. MANAGEMENT-CORP  Street Address of Current Registered Agent  PROPERTY. MANAGEMENT-CORP  Street Address (P.O. Box Number is 1  City  Street Address (P.O. Box Number is 1  City  City  City  City  Street Address (P.O. Box Number is 1  City  Ci	NAMES FL 34103  Of Business  3. Mailing Address  C. Suite, Apt. #, old.  City & State  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  PROPERTY MANAGEMENT-CORP  LO DRIVE  4103  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  To Drive  4103  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  To Drive  4103  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  To Drive  4103  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  To Drive  4103  City  To Drive  4103  City  To Drive  4104  The Trivial of a driving frame of impassed agent and title if speciable  City Trivial of a driving frame of impassed agent and title if speciable  City Trivial frame of impassed agent and title if speciable  Trust Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Added to Fees  Florida I  The Trivial Fund Contribusion  Adde	NAME STATE AND S	US  Of Business  3. Mailing Address  C. Suta, Apt. #, etc.   Check MeRe in Making Changes  Country   Zip   Country   S. Certificate of Status Desired   S8.75 Address of Current Registered Agent   Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Steel Address (P.O. Box Number is Not Acceptable)    PROPERTY MANAGEMENT. CORP   Size Address (P.O. Box Number is Not Acceptable)    Size Address (P.O. Box Number is Not Acceptable)   Size Address (P.O. Box Number is Not Acceptable)    Intelligence of Status Desired   S8.75 Address (P.O. Box Number is Not Acceptable)    Size Address (P.O. Box Number is N	

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:

SCRAWLR CARREST AND ED

4/30/03

\_\_\_\_

CR2E037 (10/0