

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


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

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

0053029

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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURGALO, JOE	
STREET ADDRESS	813 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGEN, TOM	
STREET ADDRESS	784 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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, FRED	
STREET ADDRESS	808 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loder, Carol	
STREET ADDRESS	901 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34108	

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 SECURED* Date: 4/30/03

CR2E037 (10/02)