

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000090 (9)

1. Corporation Name

BEECHWOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**380 SOUTH NORTHLAKE BLVD.
SUITE 1012
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**380 SOUTH NORTHLAKE BLVD.
SUITE 1012
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Attwood-Phillips, Inc.

26 Attwood-Phillips, Inc.

4. FEI Number

59-3308143

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1350 Orange Ave. Ste. 100

27 P. O. Box 1208

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32789

25 US

29 32790-1208

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DWORKIN, JEFFREY L
380 S. NORTHLAKE BLVD.
SUITE 1012
ALTAMONTE SPRINGS FL 32701**

81

Attwood-Phillips, Inc.

82

Street Address (P.O. Box Number is Not Acceptable)

1350 Orange Ave. Suite 100

83

84

City

Winter Park

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

[Signature]
Signature typed or printed name of registered agent and title if applicable

JANGELLE WADE

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DP DWORKIN, JEFFREY**
STREET ADDRESS **380 S. NORTHLAKE BLVD., STE. 1012**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **DST PETERS, LESLIE J**
STREET ADDRESS **380 S. NORTHLAKE BLVD., STE. 1012**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV WATTERS, MARCUS L JR.**
STREET ADDRESS **380 S. NORTHLAKE BLVD., STE. 1012**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DP PETE SMALL**
4.3 STREET ADDRESS **380 S. NORTHLAKE BLVD SUITE 1012**
4.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DST LEIGH TARULLO**
5.3 STREET ADDRESS **380 S. NORTHLAKE BLVD SUITE 1012**
5.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-334-4114

CR2E037 (12/95)