

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N96000000219 (3)**  
1. Corporation Name  
**BEVERLY HILLS COMMUNITY COUNCIL, INC.**



Principal Place of Business      Mailing Address  
**14 TRUMAN BOULEVARD BEVERLY HILLS FL 34465**      **14 TRUMAN BOULEVARD BEVERLY HILLS FL 34465**

3. Date Incorporated or Qualified  
**01/12/1996**

4. FEI Number  
**NOT APPLICABLE**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes     No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.       Yes     No

2. Principal Place of Business      2a. Mailing Address

21      26

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

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**BRIGHT, ROBERT G  
14 TRUMAN BOULEVARD  
BEVERLY HILLS FL 34465**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      **FL**      85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIGHT, ROBERT G</b>	
STREET ADDRESS	<b>14 TRUMAN BOULEVARD</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, VIRGINIA</b>	
STREET ADDRESS	<b>369 WEST SUGARBURY LANE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAVAN, HAROLD</b>	
STREET ADDRESS	<b>4298 N. BRYNNER PASS TERRACE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bright, Robert G</b>	
1.3 STREET ADDRESS	<b>14 Truman Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Beverly Hills, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Peterson, Irvin</b>	
2.3 STREET ADDRESS	<b>882 W. Colbert Ct.</b>	
2.4 CITY-ST-ZIP	<b>Beverly Hills, FL 34465</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mansmann, Kathleen</b>	
3.3 STREET ADDRESS	<b>3580 N. Willowtree Pt.</b>	
3.4 CITY-ST-ZIP	<b>Beverly Hills, FL 34465</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **Robert G. Bright - President Robert G Bright**      1-9-98 (352) 746-1036

CR2E037 (10/97)