

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H37655 (8)

95 JAN 24 AM 9:43

1. Corporation Name

BEACON HILL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1112 BEACON ROAD
LOT 165
LAKELAND FL 33803

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LOT 165
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1985

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

2a. Mailing Address

21 1112 WEST BEACON ROAD

26 1112 WEST BEACON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LOT 125

27 LOT 125

City & State

City & State

23 LAKELAND FL

28 LAKELAND FL

Zip

Country U.S.A.

Zip

Country

24 33803

25

29 33803

30 USA

4. FEI Number

59-1865984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

SMITH, WILLIAM D.
1112 WEST BEACON RD. LOT 165
LAKELAND FL 33803

81 Name MALPASS, ROBERT M.

82 Street Address (P.O. Box Number Is Not Acceptable)
1112 WEST BEACON RD.

83 LOT 125

84 City LAKELAND

FL

85 Zip Code 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

R. M. Malpass

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

January 16, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WILLIAM D.
STREET ADDRESS	1112 W. BEACON #165
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	LARKIN, STANLEY
STREET ADDRESS	1112 W BEACON #147
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	BRAY, BETTY
STREET ADDRESS	1112 W. BEACON, #199
CITY - ST - ZIP	LAKELAND FL
TITLE	TD
NAME	PRUNER, FRANCES
STREET ADDRESS	1112 W. BEACON #96
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	MALPASS, ROBERT	
1.3 STREET ADDRESS	1112 WEST BEACON RD, LOT 125	
1.4 CITY - ST - ZIP	LAKELAND, FL 33803	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	STEELE, JAMES	
2.3 STREET ADDRESS	1112 WEST BEACON RD, LOT 68	
2.4 CITY - ST - ZIP	LAKELAND, FL 33803	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TREASURER	☒ Change ☐ Addition
4.2 NAME	LEETE, GERTRUDE	
4.3 STREET ADDRESS	1112 WEST BEACON RD, LOT 77	
4.4 CITY - ST - ZIP	LAKELAND, FL 33803	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 to 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. M. Malpass* ROBERT MALPASS *Jan. 16/95* 813-682-1861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Signature Number 8