

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H37655 (8)  
1. Corporation Name  
BEACON HILL COLONY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1112 WEST BEACON RD. LOT 68 LAKELAND FL 33803 US  
Mailing Address: 1112 W. BEACON RD. LOT 68 LAKELAND FL 33803-2712 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/11/1985  
3a. Date of Last Report: 02/13/1996  
4. FEI Number: 59-1865984  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$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  
STEELE, JAMES W  
1112 WEST BEACON ROAD  
LOT 68  
LAKELAND FL 33803

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 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: Gertrude Leete, Treasurer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, JAMES W	
STREET ADDRESS	1112 W. BEACON RD., LOT 68	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KELLY, VIRGINIA	
STREET ADDRESS	1112 W. BEACON RD., LOT 64	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOOTHAKER, LAURIE	
STREET ADDRESS	1112 W. BEACON, LOT 146	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEETE, GERTRUDE	
STREET ADDRESS	1112 W. BEACON RD., LOT 77	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	mahlan, charles	
STREET ADDRESS	1112 W. Beacon Rd., Lt 119	
CITY - ST - ZIP	Lakeland Fl.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gertrude Leete, Treasurer 1-4-97 683-9678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)