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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H37655

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 WEST BEACON RD.
LOT 68
LAKELAND FL 33803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1985

2. Principal Place of Business

21 1112 W. Beacon Rd

Suite/Apt. #, etc.

22 Lot 77

City & State

23 Lakeland, Fl.

Zip Country

24 33803 25 US

2a. Mailing Address

26 1112 W. Beacon Rd.

Suite, Apt. #, etc.

27 Lot 77

City & State

28 Lakeland, Fl.

Zip Country

29 33803 30 US

4. FEI Number

59-1865984

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERTRUDE LEETE
1112 W BEACON RD
BOX 77
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KELLY, VIRGINIA
STREET ADDRESS 1112 W. BEACON RD., LOT 64
CITY-ST-ZIP LAKELAND FL 33803

TITLE SD ☒ DELETE

NAME TOOTHAKER, LAURIE
STREET ADDRESS 1112 W. BEACON, LOT 146
CITY-ST-ZIP LAKELAND FL

TITLE T ☐ DELETE

NAME LEETE, GERTRUDE
STREET ADDRESS 1112 W. BEACON RD., LOT 77
CITY-ST-ZIP LAKELAND FL

TITLE VP ☒ DELETE

NAME MAHLAN, CHARLES
STREET ADDRESS 1112 W. BEACON RD. LOT 119
CITY-ST-ZIP LAKELAND FL

TITLE P ☐ DELETE

NAME MAHLAN, CHARLES
STREET ADDRESS 112 W BEACON RD #119
CITY-ST-ZIP LAKELAND FL 33803

TITLE VP ☒ DELETE

NAME SMITH, JAMES
STREET ADDRESS 1112 W BEACON RD #168
CITY-ST-ZIP LAKELAND FL 33803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME SMITH, WILLIAM
1.3 STREET ADDRESS 1112 W. Beacon Rd. Lot 165
1.4 CITY-ST-ZIP Lakeland, Fl. 33803 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME RICE, BRIAN
3.3 STREET ADDRESS 1112 W. Beacon Rd. Lot 177
3.4 CITY-ST-ZIP Lakeland, Fl. 33803 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Gertrude Leete Gertrude Leete

1-7-99 941-683-9678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)