

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90139 033 \*\*\*\*61.25

**DOCUMENT # 716555**

1. Entity Name

**BEACH MANOR VILLAS, SOUTH, INC.**



Principal Place of Business

**1025 BEACH MANOR CENTER, EAST  
VENICE FL 34285**

Mailing Address

**1747 S TAMiami TRAIL  
223  
VENICE FL 34293  
US**

2. Principal Place of Business

3. Mailing Address

**P O Box 1078**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Venice FL**

4. FEI Number **59-1443088**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34284 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, ANNETTE K.  
1747 S TAMiami TRAIL 223  
VENICE FL 34293**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEGACY, MARIE	
STREET ADDRESS	1023 BEACH MANOR CTR #49	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUENCH, ELIZABETH	
STREET ADDRESS	1128 COCKRILL ST #61	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KALAFUS, HELEN	
STREET ADDRESS	214 BEACH MANOR LANE, #19	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	CECIL, JUSTINE	
STREET ADDRESS	1028 BEACH MANOR CIR., #45	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, GENEVIVE	
STREET ADDRESS	1019 BEACH MANOR CIR., #51	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Stewart	
STREET ADDRESS	1019 Beach Manor Ctr #49	
CITY-ST-ZIP	Venice FL 34285	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Tanzella	
STREET ADDRESS	1015 Cooper St #25	
CITY-ST-ZIP	Venice FL 34285	
TITLE	T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Watson- Ellwinger	
STREET ADDRESS	217 Beach Manor Ln #16	
CITY-ST-ZIP	Venice FL 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Magi	
STREET ADDRESS	1026 Beach Manor Ctr. #32	
CITY-ST-ZIP	Venice FL 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Zicaro	
STREET ADDRESS	1114 Cockrill St #54	
CITY-ST-ZIP	Venice FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Stewart*

4/10

CR2E037 (10/02)