

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709172

**Entity Name:** BEACON SQUARE CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**3741 BRADFORD DRIVE  
HOLIDAY, FL 34691**Current Mailing Address:**3741 BRADFORD DRIVE  
HOLIDAY, FL 34691**FEI Number:** 59-1654138**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BREVOORT, PATRICIA TREASURER  
3741 BRADFORD DR.  
HOLIDAY, FL 34691 US*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.***SIGNATURE:** PATRICIA BREVOORT

03/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BREVOORT, PATRICIA  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           PRESIDENT  
Name           HAUSER, KAREN  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           DIRECTOR  
Name           NERI, NANCY  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           DIRECTOR  
Name           ZYLSTRA, HELEN  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           DIRECTOR  
Name           MYLER, KAREN  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           SECRETARY  
Name           VURVA, CAROL  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           DIRECTOR  
Name           CHILDS, KATHLEEN  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title           DIRECTOR  
Name           REIST, ROBERTA  
Address        3741 BRADFORD DRIVE  
City-State-Zip: HOLIDAY FL 34691

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA S. BREVOORT

TREASURER

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 DITTMAR, CHRISTINA  
Address             3741 BRADFORD DRIVE  
City-State-Zip:   HOLIDAY FL 34691

Title                   DIRECTOR  
Name                 SMITH, SHAWN  
Address             3741 BRADFORD DRIVE  
City-State-Zip:   HOLIDAY FL 34691