2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709172

Entity Name: BEACON SQUARE CIVIC ASSOCIATION, INC.

FILED Mar 17, 2016 **Secretary of State** CC8440505379

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: No

Name and Address of Current Registered Agent:

BREVOORT, PATRICIA VICE-PRESIDENT 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, VICE-PRESIDENT

03/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

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

Title **PRESIDENT** Title **SECRETARY** Name HAUSER, KAREN Name DRESCH, SHIRLEY Address 3741 BRADFORD DRIVE Address 3741 BRADFORD DRIVE

HOLIDAY FL 34691 City-State-Zip: City-State-Zip: HOLIDAY FL 34691

DIRECTOR Title Title **DIRECTOR**

Name ZYLSTRA, HELEN NERI, NANCY Name

Address 3741 BRADFORD DRIVE 3741 BRADFORD DRIVE Address HOLIDAY FL 34691

City-State-Zip: City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR Title DIRECTOR Name MYLER, KAREN KENIRY, JO Name

3741 BRADFORD DRIVE Address 3741 BRADFORD DRIVE Address City-State-Zip: HOLIDAY FL 34691 City-State-Zip: HOLIDAY FL 34691

Continues on page 2

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.

03/17/2016 SIGNATURE: SHIRLEY DRESCH **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name WARD, SANDRA

Address 3741 BRADFORD DR.
City-State-Zip: HOLIDAY, FL 34691