

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771277

**Entity Name:** BEACON SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BEACON SQUARE  
10553 PUTNAM CT  
LEHIGH ACRES, FL 33936

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC3440676160**

**Current Mailing Address:**

P.O. BOX 946  
LEHIGH ACRES, FL 33970 US

**FEI Number: 59-2371502**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALL, WILLIAM  
10521 PUTNAM CT  
LEHIGH ACRES, FL 33936 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P&D  
Name DYNIEWICZ, RICHARD  
Address 10432 LAKEPORT  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name HALL, WILLIAM  
Address 10521 PUTNAM CT  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name MOORE, DALE  
Address 10425 NEW BEDFORD CT  
City-State-Zip: LEHIGH ACRES FL 33936

Title T  
Name SNYDER, BARBARA A  
Address 10506 NEWBURY CT  
City-State-Zip: LEHIGH ACRES FL 33936

Title VP&D  
Name HABIG, PRISCILLA  
Address 10620 WINDSMONT CT  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name MCKENZIE, LINDA  
Address 10500 NEWBURY CT  
City-State-Zip: LEHIGH ACRES FL 33936

Title S  
Name COLLINS, DIANE  
Address 10516 NEWBURY CT  
City-State-Zip: LEHIGH ACRES FL 33936

*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: BARBARA A SNYDER**

**TREASURER**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date