

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771277

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC5377636562**

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

**Current Principal Place of Business:**

BEACON SQUARE  
10553 PUTNAM CT  
LEHIGH ACRES, FL 33936

**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:**

DYNIWICZ, RICHARD  
10553 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: RICHARD DYNIWICZ**

**03/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           DYNIWICZ, RICHARD  
Address        10432 LAKEPORT  
City-State-Zip: LEHIGH ACRES FL 33936

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

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

Title           PRESIDENT, DIRECTOR  
Name           HABIG, PRISCILLA  
Address        10620 WINDSMONT CT  
City-State-Zip: LEHIGH ACRES FL 33936

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

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

Title           VP, DIRECTOR  
Name           MORITZ, CLEVE A  
Address        10427 NEW BEDFORD 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**

**03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date