

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17302

FILED
Apr 14, 2016
Secretary of State
CC4128511047

Entity Name: BEACHWALK RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

MGMT. BY ASSOC. INC
187 FOREST LAKES BLVD.
NAPLES, FL 34105

Current Mailing Address:

C/O MANAGEMENT BY ASSOCIATION, INC
187 FOREST LAKES BLVD.
NAPLES, FL 34105 US

FEI Number: 59-2745854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRACEY, ROBERT TSR
187 FOREST LAKES BLVD.
NAPLES, FL 34105 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: ROBERT T. GRACEY, SR.

04/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALLEN, DEREK
Address 521 BEACHWALK CIRCLE
City-State-Zip: NAPLES FL 34108

Title PRESIDENT
Name CHRISTENSEN, JON
Address 637 BEACHWALK CIR #E204
City-State-Zip: NAPLES FL 34108

Title SECRETARY
Name RICHARDSON, GEORGE
Address 631 BEACHWALK CIRCLE
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name LISSMAN, ALAN
Address 513 BEACHWALK CIR
City-State-Zip: NAPLES FL 34108

Title TREASURER
Name MACALUSO, JOSEPH
Address 837 REEF POINT CIRCLE
City-State-Zip: NAPLES FL 34108

Title VP
Name EVANS, SELENA
Address 648 WINDSURF LANE
City-State-Zip: NAPLES FL 34108

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: JON CHRISTENSEN

PRESIDENT

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date