# 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: DEREK ALLEN

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N17302

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 MANAEMENT BY ASSOCIATION, INC 187 FOREST LAKES BLVD. NAPLES, FL 34105 US

## FEI Number: 59-2745854

## Name and Address of Current Registered Agent:

GRACEY, ROERT 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	DP	Title	DT
Name	ALLEN, DEREK	Name	CHRISTENSEN, JON
Address	810 REEF POINT CIR	Address	637 BEACHWALK CIR #E204
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108
Title	DS	Title	D
Name	RICHARDSON, GEORGE	Name	LISSMAN, ALAN
Address	631 BEACHWALK CIRCLE	Address	513 BEACHWALK CIR
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108
Title	D		
Name	UNIACKE, ROBERT		
Address	654 WINDSURF LANE		
City-State-Zip:	NAPLES FL 34108		

PRESIDENT

Date

## FILED Apr 11, 2013 Secretary of State CC0314571950

Certificate of Status Desired: No

\_