

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000023611

**Entity Name:** BEACON WOODS PLAZA INC.

**Current Principal Place of Business:**

5020 SKYLINE BLVD  
CAPE CORAL, FL 33914

**Current Mailing Address:**

5020 SKYLINE BLVD  
CAPE CORAL, FL 33914

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NEHODA, STEVE  
5020 SKYLINE BLVD  
CAPE CORAL, FL 33914 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  
Name NEHODA, STEVE  
Address 5020 SKYLINE BLVD  
City-State-Zip: CAPE CORAL FL 33914

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE NEHODA

**PRES.**

**03/24/2014**

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

\_\_\_\_\_  
Date