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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725591 (2)

1. Corporation Name

BEACON SQUARE POOL ASSOCIATION INC

Principal Place of Business

3741 BRADFORD DRIVE
HOLIDAY FL 34691

Mailing Address

3741 BRADFORD DRIVE
HOLIDAY FL 34691-14123. Date Incorporated or Qualified
02/16/19733a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

23-7415909

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINNA, TINA
3536 KIMBERLY OAKS DRIVE
HOLIDAY FL 34691

81 Name

FRANCES ANTHONY

82 Street Address (P.O. Box Number is Not Acceptable)

3618 WINDHAM DRIVE

83

84 City

HOLIDAY

FL

85 Zip Code

34691

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Frances Anthony (FRANCES ANTHONY - SD)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE
NAME BORING, LINDA
STREET ADDRESS 3751 SAIL DR.
CITY - ST - ZIP NEW PORT RICHEY FLTITLE PD ☒ DELETE
NAME DANCEY, DEBORAH D
STREET ADDRESS 3849 EDMONT DRIVE
CITY - ST - ZIP NEW PORT RICHEY FL 34652TITLE TD ☒ DELETE
NAME LABADIE, RENE
STREET ADDRESS 3849 EDMONT DRIVE
CITY - ST - ZIP NEW PORT RICHEY FL 34652TITLE SD ☒ DELETE
NAME PINNA, TINA
STREET ADDRESS 3536 KIMBERLY OAKS DRIVE
CITY - ST - ZIP HOLIDAY FL 34691TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME TURNER, FRANK D.
1.3 STREET ADDRESS 3721 BRADFORD DRIVE
1.4 CITY - ST - ZIP HOLIDAY, FL 346912.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME MERCER, LOIS
2.3 STREET ADDRESS 3533 BROOKSTON DRIVE
2.4 CITY - ST - ZIP HOLIDAY, FL 346913.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME CASEY, JOHN
3.3 STREET ADDRESS 3846 HAVEN DRIVE
3.4 CITY - ST - ZIP NEW PORT RICHEY FL 346524.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME ANTHONY, FRANCES
4.3 STREET ADDRESS 3618 WINDHAM DRIVE
4.4 CITY - ST - ZIP HOLIDAY, FL 346915.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/97 (913) 847-0665

CR2E037 (9/96)