

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90195 004 \*\*\*\*61.25

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**DOCUMENT # 725591**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/16/1973

4. FEI Number

23-7415909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**ANTHONY, FRANCES**  
**3618 WINDHAM DRIVE**  
**HOLIDAY FL 34691**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **TURNER, FRANK D.**  
STREET ADDRESS **3721 BRADFORD DRIVE**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **VPD** ☒ DELETE

NAME **MERCER, LOIS**  
STREET ADDRESS **3533 BROOKSTON DRIVE**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **TD** ☐ DELETE

NAME **TIERNEY, JUNE**  
STREET ADDRESS **3908 SAIL DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE

NAME **ANTHONY, FRANCES**  
STREET ADDRESS **3618 WINDHAM DRIVE**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VPD**  
**JOHNSON, CAROLINE**  
2.3 STREET ADDRESS **3635 GRAYTON DRIVE**  
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL.**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **FRANCES ANTHONY** **SIGNATURE REQUIRED** **Anthony** **1-14-99** **847-1609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)