

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725591

1. Entity Name

BEACON SQUARE POOL ASSOCIATION INC

Principal Place of Business

Mailing Address

3741 BRADFORD DRIVE
HOLIDAY FL 34691

3741 BRADFORD DRIVE
HOLIDAY FL 34691-1412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7415909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, FRANCES
3618 WINDHAM DRIVE
HOLLDAY FL 34691

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TURNER, FRANK D.
STREET ADDRESS 3721 BRADFORD DRIVE
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME TIERNEY, JUNE
STREET ADDRESS 3908 SAIL DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ANTHONY, FRANCES
STREET ADDRESS 3618 WINDHAM DRIVE
CITY-ST-ZIP HOLLIDAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME JOHNSON, CAROLINE
STREET ADDRESS 3635 GRAYTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VPD ☒ Change ☐ Addition
NAME LINDA BOEING
STREET ADDRESS 3751 SAIL DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCES ANTHONY A. *Frances Anthony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 2000 727-847-1609

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE