

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90410 036 ****61.25

DOCUMENT # 725591

1. Entity Name

BEACON SQUARE POOL ASSOC'N INC.

Principal Place of Business

Mailing Address

3741 BRADFORD DRIVE
HOLIDAY, FL.

34691-1412

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

00067428

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-7415909

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK D. TURNER
3721 BRADFORD DRIVE
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name HILDA MAGELITZ
Street Address (P.O. Box Number is Not Acceptable)
4027 LITCHFIELD DR.
City NEW PORT RICHEY FL Zip Code 34652

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.

(FRANK D. TURNER)

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Hilda E. Magelitz March 27/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P- FRANK D. TURNER <input checked="" type="checkbox"/> Delete 3721 BRADFORD DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- LINDA BAERING <input checked="" type="checkbox"/> Delete 3751 SAIL DRIVE NEW PORT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- FRANCES ANTHONY <input type="checkbox"/> Delete 3618 WINDHAM DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- JUNE TIERNEY <input type="checkbox"/> Delete 3908 SAIL DRIVE NEW PORT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- HILDA MAGELITZ <input type="checkbox"/> Delete 4027 LITCHFIELD DR. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- GORDON DRISCOLL <input type="checkbox"/> Delete 3426 BRIARCLIFF DRIVE HOLIDAY, FL 34691

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- HILDA MAGELITZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4027 LITCHFIELD DRIVE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- GERMAINE FOLLIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 4030 GRAYSON DRIVE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MICHAEL APONE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4220 WOODSVILLE DRIVE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:

HILDA MAGELITZ Hilda E. Magelitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 27/01 (727) 848-599

CR2E037 (11/00)

Attachment Doc # 725591

CG667428

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - DAVID Rood <input type="checkbox"/> Delete 4339 OAK BLUFF AVE, HOLIDAY, FL. 34691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - ALFRED MATZEN <input type="checkbox"/> Delete 3615 WESTCHESTER DR HOLIDAY, FL. 34691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGUERITE SAWICKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3606 RICH BORO DRIVE HOLIDAY, FL. 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - DOROTHY SHEEHAN <input type="checkbox"/> Delete 4368 SUMMERSON DR. NEWPORT RICHEY, FL. 34657	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JO ANNE JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3620 RICH BORO DRIVE HOLIDAY, FL. 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - GERMAINE FOLLIN <input type="checkbox"/> Delete 4030 GRAYTON DRIVE NEWPORT RICHEY, FL. 34657	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: HILDA MAGELITZ Hilda Magelitz March 27/01 (921) 848-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725591-00067428

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BEACON SQUARE POOL ASSOCIATION INC

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HOLIDAY FL 34691

Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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Country

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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
HOLDDAY FL 34691

Name

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

City

FL

Zip Code

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Make Check Payable to
Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VPD
NAME BOEING, LINDA ☒ Delete
STREET ADDRESS 3751 SAIL DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD HILDA MAGELITZ ☐ Change ☒ Addition
NAME
STREET ADDRESS 4027 LITCHFIELD DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE VPD GERMAINE FOLLIN ☐ Change ☒ Addition
NAME
STREET ADDRESS 4030 GRAYTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL

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

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

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SIGNATURE: Pd. HILDA MAGELITZ
HILDA MAGELITZ

Apr. 23/01 737-848-5195