

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2002 8:00 am  
Secretary of State

02-10-2002 90033 006 \*\*\*\*61.25

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

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

MAGELITZ, HILDA  
4027 LITCHFIELD DRIVE  
NEW PORT RICHEY FL 34652

Name JOHNSON, CAROLINE

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

3635 GRAYTON 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.

SIGNATURE CAROLINE JOHNSON

*Caroline Johnson*

1/15/02

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 VP  
NAME FOLLIN, GERMAINE  
STREET ADDRESS 4030 GRAYTON DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE SD  
NAME FOLLIN, GERMAINE  
STREET ADDRESS 4030 GRAYTON DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

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

TITLE VP  
NAME TIERNEY, JUNE  
STREET ADDRESS 3908 SAIL DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

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

TITLE P  
NAME JOHNSON, CAROLINE  
STREET ADDRESS 3635 GRAYTON DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE P  
NAME MAGELITZ, HILDA  
STREET ADDRESS 4027 LITCHFIELD DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

TITLE TD  
NAME SEIDEL, ROBERT  
STREET ADDRESS 4136 SAIL DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE D  
NAME PONE, MICHAEL A  
STREET ADDRESS 4220 WOODSVILLE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE D  
NAME APONE, MICHAEL  
STREET ADDRESS 4220 WOODSVILLE DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

TITLE D  
NAME DRISCOLL, GORDON  
STREET ADDRESS 3426 BRIARCLIFF DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

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

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: *Caroline Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 X 727-842-4429

CR2E037 (9/01)