

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90664 030 ****61.25

DOCUMENT # 725591

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**JOHNSON, CAROLINE
3635 GRAYTON DR
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **FRANCES BLEVINS**
Street Address (P.O. Box Number is Not Acceptable)
4016 GRAYTON DRIVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRANCES BLEVINS X**

Frances Blevins

1/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **FOLLIN, GERMAINE**
STREET ADDRESS **4030 GRAYTON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **SD** ☒ Delete
NAME **JOHNSON, CAROLINE**
STREET ADDRESS **3635 GRAYTON DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **TD** ☒ Delete
NAME **SEIDEL, ROBERT**
STREET ADDRESS **4136 SAIL DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Delete
NAME **APONE, MICHAEL**
STREET ADDRESS **4220 WOODSVILLE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD - Secretary** ☒ Change ☐ Addition
NAME **DOROTHY SHEEHAN**
STREET ADDRESS **4368 SUMMERSUN DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FRANCES BLEVINS**
STREET ADDRESS **4016 GRAYTON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **TD - Treasurer** ☒ Change ☐ Addition
NAME **NAOMI SANTIAGO**
STREET ADDRESS **4017 SAIL DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Change ☐ Addition
NAME **JOANNE JOHNSON**
STREET ADDRESS **3620 RICHBORO DRIVE**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **D** ☒ Change ☐ Addition
NAME **DAVID ROOD**
STREET ADDRESS **3643 WESTCHESTER DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

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: **X** *Frances Blevins*

1/8/03

727-846-9074

CR02037 (10/02)