FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:39

DOCUMENT # 732154 (0)

1. Corporation Name
BEACON WOODS GARDEN CLUB, INC.

Principal Place of Business	Mailing Address
12400 CLOCKTOWER PARKWAY BAYONET POINT FL 34667 US	12811 TEAKWOOD LANE BAYONET POINT FL 34667 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1975
3a. Date of Last Report: 01/20/1994
4. FEI Number: 51-0178596 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMONSEN, ALCIE K.
12811 TEAKWOOD LANE
BAYONET POINT FL 34667

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alcie K Simonsen — Jan. 20, 1995
Signature, type or print full name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	~~DP~~ ☒ Change ☐ Addition
NAME	WISEMAN, HELENE	1.2 NAME	LAYSON, JUNE
STREET ADDRESS	8809 AVONDALE LANE	1.3 STREET ADDRESS	13006 SMOKETREE WAY
CITY-ST-ZIP	BAYONET POINT FL	1.4 CITY-ST-ZIP	BAYONET POINT, FL. 34667
TITLE	DVP	2.1 TITLE	DVP ☒ Change ☐ Addition
NAME	LAYSON, JUNE	2.2 NAME	VALERIO, BETTY
STREET ADDRESS	13006 SMOKE TREE WAY	2.3 STREET ADDRESS	8603 WAGON WHEEL LANE
CITY-ST-ZIP	BAYONET POINT FL	2.4 CITY-ST-ZIP	BAYONET POINT, FL. 34667
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, LAURA	3.2 NAME	
STREET ADDRESS	12202 FIELDSTONE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET PT. FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	~~DVP~~ ☒ Change ☐ Addition
NAME	WILSON, BETTE	4.2 NAME	SIMONSON, KAY
STREET ADDRESS	12500 WILD TURKEY LANE	4.3 STREET ADDRESS	12817 WEDGEWOOD WAY
CITY-ST-ZIP	BAYONET POINT FL	4.4 CITY-ST-ZIP	BAYONET POINT, FL. 34667
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	ENGLISH-WROE, BETTY	5.2 NAME	
STREET ADDRESS	12231 SADDLE STRAP ROW	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	SIMONSEN, ALICE K.	6.2 NAME	
STREET ADDRESS	1288 TEAKWOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET PT. FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alcie K Simonsen Alice K. Simonsen 1/20/95 (813) 869-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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