

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **03/14/1975** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>51-0178596</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alice K. Simonsen*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2-9-96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYSON, JUNE	2.2 NAME	CARTER, LAURA
STREET ADDRESS	13006 SMOKE TREE WAY	2.3 STREET ADDRESS	12202 Fieldstone Lane
CITY-ST-ZIP	BAYONET POINT FL	2.4 CITY-ST-ZIP	Bayonet Point, Fl 34667
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LAURA	3.2 NAME	WROE, BOB
STREET ADDRESS	12202 FIELDSTONE LANE	3.3 STREET ADDRESS	12231 Saddlestrap Row
CITY-ST-ZIP	BAYONET PT. FL	3.4 CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BETTE	4.2 NAME	
STREET ADDRESS	12500 WILD TURKEY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH-WROE, BETTY	5.2 NAME	SIMPSON, FLORENCE
STREET ADDRESS	12231 SADDLE STRAP ROW	5.3 STREET ADDRESS	7625 Greystone Dr.
CITY-ST-ZIP	BAYONET POINT FL	5.4 CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Alice K. Simonsen* **Alice K. Simonsen** 2/9/96 813-869-2507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)