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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34667-3036
US

3. Date Incorporated or Qualified
03/14/1975

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
51-0178596

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

84 City

FL

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 *Alcie K. Simonsen*

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

(NOTE: Registered Agent signature required when reinstating)

1-20-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WROE, BOB	
STREET ADDRESS	12231 SADDLESTRAP ROW	
CITY-ST-ZIP	BAYONET POINT FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CATHERINE SIMONSON	
1.3 STREET ADDRESS	12817A Wedgewood Way	
1.4 CITY-ST-ZIP	Bayonet Point, FL 34667	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAYSON, JUNE	
STREET ADDRESS	13006 SMOKETREE WAY	
CITY-ST-ZIP	BAYONET POINT FL	

2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANE MARLIN	
2.3 STREET ADDRESS	7605 Greystone Drive	
2.4 CITY-ST-ZIP	Bayonet Point, FL 34667	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CARTER, LAURA	
STREET ADDRESS	12202 FIELDSTONE LANE	
CITY-ST-ZIP	BAYONET PT. FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SIMPSON, FLORENCE	
STREET ADDRESS	7625 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIMONSEN, ALICE K.	
STREET ADDRESS	1288 TEAKWOOD LANE	
CITY-ST-ZIP	BAYONET PT. FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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* 1/21/97 (813) 662-2211

CR2E037 (9/96)