

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 740749.

1. Entity Name
BEACH PARKWAY ASSOCIATES, INC.



Principal Place of Business
**1613 BEACH PARKWAY
CAPE CORAL, FL 33904**

Mailing Address
**1613 BEACH PARKWAY
UNIT #2
CAPE CORAL, FL 33904**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVINE, SOL
1613 BEACH PARKWAY
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LEVINE, SOL
STREET ADDRESS	1613 BEACH PARKWAY, UNIT #2
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PD
NAME	GLOCER, JORGER A
STREET ADDRESS	1927 S.E. 37TH TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SDT
NAME	GLOCER, HELENE
STREET ADDRESS	1927 S.E. 37TH TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80025-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. A. GLOCER, Pres.

1/15/08

Date

(239) 542-2986

Daytime Phone #