— FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 744987

BEACH GARDEN "A" ASSOCIATION, INC.

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90020 032 ****61.25

Principal Place	e of Business	Mailing Address					
107 BONAIRE	LANE	C/O JEFFERY BERLIN) 1881); 1881) 8181) 81819 1819) (BLI 1881) 8181) 8181)	EIRIK BURIN L	BIN 51911 1981
BONITA SPRINGS FL 34195 12900 WHITE VIOLET DRIVE							
US NAPLES FL 34110						8:611 \$1\$11 B	IBIL 31911 1881
2		120 112			3. Date Incompensed or Qualified		
⊢ '	lace of Business	2a. Mailing Address 26 /07 BONAIS	e	N	3. Date incorporated or Qualifed 11/16/1978		
21	4		·		4. FEI Number	_ _ _	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0049707		ot Applicable
22 City 8 Ctat		City & State					Additional
City & Stat	e	28 BONITA SPAI	165	Ei	5. Certificate of Status Desired	•	equired
Zip	Country	Zip	Country	<u> </u>	6. Election Campaign Financing		Mav Be
	•	29 3 4 /3 4 30	1 , ^	Q	Trust Fund Contribution	7	to Fees
24 341	9. Name and Address of Current	<u> </u>	J		10. Name and Address of New Registered A		
	Hame and Address of Californ	9 - 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10	81	Name			
DES. IV	FFFFDV				(0.0.0)		.
BERLIN, J	EFFERY	onaire LANE	_ 82	Street /	Address (P.O. Box Number is Not Acceptable)		
	IITE VIOLET BRIVE /07 5	unaire - more	83				
NAPLES F	L34110 BONITA	SPRINGS FL.	, 🗀		The second secon	1	
		SPRINGS, FL.	84	City	FL	85 . Zip	Code
11 Dureuant	- 4 C C47 0E00	and 647 4509 Florida Statutos	the above	-named	composation submits this statement for the numose of c	hanging its	s registered
office or n	egistered agent, or both, in the State of	i Ftorida. Such change was autho	onzed by t	he corpo	oration's board of directors. I hereby accept the appoint	ment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons or, Section 617.0503, Florida	SIBIUTES.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if amplicable (NOTF: Rec	estered Agent	signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	TD	☐ DELETE	1.1 TITLE		the state of the s	☐ Change	☐ Addition
NAME	GOLDMAN, ALAN		1.2 NAME				
STREET ADDRESS	9751 W. TERRY ST. P.O. BOX 24	148	1.3 STREET	ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-	-ZIP			
TITLE	PSD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	JOHNSON, WILLIAM A.		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS	Control of the Contro		
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-ST				
TITLE	VD	☐ DELETE	3.1 TITLÉ			Change	☐ Addition
NAME	DEMMER, WILLIAM	_ -	3.2 NAME				
STREET ADDRESS	440 454041114 4 4 4515		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY-ST				
TITLE	D DONITA OFFINGS FL	☐ DELETE	4.1 TITLE			Change	Addition
NAME	FILTHAUT, RAINER		4. 2 NAME			-	
ļ	ALON TARRESTS OFF AND		4.3 STREET	VUUDEcc ;			
STREET ADDRESS	 .						-
CITY-ST-ZIP	NAPLES FL.	☐ DELETE	4.4 CITY-ST- 5.1 TITLE	-LIF		Change	☐ Addition
NAME	D Mindrint OFNE Services		5.1 NAME				_
Let 4 18 1 30 10 10 10 10 10 10 10 10 10 10 10 10 10	WINDFELDT, GENE		5,3 STREET		THE PERSON OF TH	Carron trees	
STREET ADDRESS	23404 WINGFOOT DR. WESTLAKE OH		深龍岩	1. 66.5	The Mark Control of the Control of t	等。 第二章	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST		Los and the alternative and the second of th	Chance	Addition
TITLE	VTD IN IEEEDEN	☐ bereie	6.2 NAME		And the second particular of the second seco		Contraction of the Contraction o
NAME	BERLIN, JEFFREY		6.3 STREET	ADDDECC			
STREET ADDRESS			***************************************				
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST	-ZIP			

14. 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 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 an analysis of 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 an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

BERLIN