

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90085 007 ****61.25

DOCUMENT # 744988

1. Corporation Name

BEACH GARDEN "B" ASSOCIATION, INC.

Principal Place of Business

#1 LELY BEACH BLVD
BONITA SPRINGS FL 33923

Mailing Address

#1 LELY BEACH BLVD
BONITA SPRINGS FL 33923



2. Principal Place of Business

21 1 Barefoot Beach Blvd

Suite, Apt. #, etc.

22
City & State

23 Bonita Springs, Fl.

Zip Country

24 34134

25 Collier

2a. Mailing Address

26 1 Barefoot Beach Blvd

Suite, Apt. #, etc.

27
City & State

28 Bonita Springs, Fl.

Zip Country

29 34134

30 Collier

3. Date Incorporated or Qualified

11/16/1978

4. FEI Number

65-0399525

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

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA
5121 CASTELLO DR
STE 1
NAPLES FL 34103

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE
NAME **DENICOLA, BARRY C.**
STREET ADDRESS **112 BONAIRE LANE**
CITY-ST-ZIP **BONITA SPGS FL**

TITLE **VD** ☐ DELETE
NAME **RECORD, LAWRENCE**
STREET ADDRESS **101 CURACAO LANE**
CITY-ST-ZIP **BONITA SPGS FL**

TITLE **S** ☐ DELETE
NAME **SOMMER, MICHAEL**
STREET ADDRESS **105 CURACAO LANE**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD** ☐ Change ☒ Addition
1.2 NAME **Frank Stanton**
1.3 STREET ADDRESS **102 Bonaire Lane**
1.4 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

Daytime Phone #

941-947-6690

CR2E037 (1/98)