


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744989 (5) 1. Corporation Name BEACH GARDEN 'C' ASSOCIATION, INC.					
Principal Place of Business 1 LELY BCH.BLVD. BONITA SPRINGS FL 33923			Mailing Address 1 LELY BCH.BLVD. BONITA SPRINGS FL 34134-8506		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/16/1978 3a. Date of Last Report 03/11/1996 4. FEI Number 65-0399529 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COOPER, NANCY 1 LELY BEACH BLVD. BONITA SPRINGS FL 33923			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME DOLAN, CARM STREET ADDRESS 108 CURACAO LANE CITY-ST-ZIP BONITA SPRINGS FL			1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME SCHIFF, RICHARD 1.3 STREET ADDRESS 103 DOMINICA LANE 1.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34134		
TITLE DS <input type="checkbox"/> DELETE NAME O'HARA, BARBARA STREET ADDRESS 106 CURACAO LANE CITY-ST-ZIP BONITA SPGS. FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME KEERY, LIZ STREET ADDRESS 104 CURACAO LN CITY-ST-ZIP BONITA SPRINGS FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 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 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: <i>[Signature]</i> 4-23-97 941-947-6690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060377</small>					

CR2E037 (9/96)