

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90194 008 ****61.25

DOCUMENT # 744989

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 33923



2. Principal Place of Business

21 1 Barefoot Beach Blvd.

Suite, Apt. #, etc.

22

City & State

23 Bonita Springs, Fl.

Zip

24 34134

Country

25 Collier

2a. Mailing Address

26 1 Barefoot Beach Blvd.

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs, Fl. 34134

Country

29 34134

30 Collier

3. Date Incorporated or Qualified

11/16/1978

4. FEI Number

65-0399529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA EADY
5121 CASTELLO DR
SUITE 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 PD ☐ DELETE

NAME SCHIFF, RICHARD
STREET ADDRESS 103 DOMINICA LANE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE DS ☐ DELETE

NAME O'HARA, BARBARA
STREET ADDRESS 106 CURACAO LANE
CITY-ST-ZIP BONITA SPGS. FL

TITLE VPD ☐ DELETE

NAME KEERY, LIZ
STREET ADDRESS 104 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

4/26/99

Date

Daytime Phone #

941-947-6690

0064722

CR2E037 (11/98)