

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744990 (3)**

1. Corporation Name  
**BEACH GARDEN "D" ASSOCIATION, INC.**



Principal Place of Business <b>1 LELY BCH.BLVD.                  BONITA SPRINGS FL 33923</b>	Mailing Address <b>1 LELY BCH.BLVD.                  BONITA SPRINGS FL 34134-8506</b>
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3. Date Incorporated or Qualified <b>11/16/1978</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>65-0399527</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		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				10. Name and Address of New Registered Agent			
<b>COOPER, NANCY</b> <b>1 LELY BEACH BLVD</b>  <b>BONITA SPRINGS FL 33923</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEAZLITT, PATTY</b>	1.2 NAME	<b>GUS FLIER</b>
STREET ADDRESS	<b>200 LELY BEACH BLVD</b>	1.3 STREET ADDRESS	<b>109 ST EUSTACIUS LANE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>BONITASPRINGS FL 34134</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWALLEN, PHILLIP</b>	2.2 NAME	
STREET ADDRESS	<b>110 DOMINICA LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASMUS, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>211 LELY BEACH BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ DATE **1-23-97** **911-917-1197**

CR2E037 (9/96)