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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744992 (9)

1. Corporation Name

BEACH GARDEN "F" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 LELY BCH.BLVD. BONITA SPRINGS FL 33923	1 LELY BCH.BLVD. BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 11/16/1978

4. FEI Number: 65-0410115 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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: TAMELA EADY WISEMAN
82 Street Address (P.O. Box Number is Not Acceptable): ~~5121 Castello Drive~~
83 Suite #1
84 City: Naples FL 85 Zip Code: 34103

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: Tamela Eady Wiseman DATE: 4-16-98

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	SALZMAN, JEFFREY	
STREET ADDRESS	219 LELY BEACH ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	STD	☒ DELETE
NAME	HAMES, EUGENE	
STREET ADDRESS	105 GUADELOUPE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	☐ DELETE
NAME	HANSON, GREG	
STREET ADDRESS	219 LELY BEACH BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
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	S/T D	☒ Change ☐ Addition
1.2 NAME	JEFFREY SALZMAN	
1.3 STREET ADDRESS	219 Lely Beach Rd.	
1.4 CITY-ST-ZIP	Bonita Springs, Fl.	
2.1 TITLE	VP D	☐ Change ☒ Addition
2.2 NAME	RICHARD BARTON	
2.3 STREET ADDRESS	105 Guadeloupe Lane	
2.4 CITY-ST-ZIP	Bonita Springs, Fl 34134	
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		

CR2E037 (10/97)

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.

SIGNATURE: 3/16/98 4989070