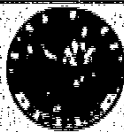


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 744993 (7)

1. Corporation Name

BEACH GARDEN "G" ASSOCIATION, INC.

**APPROVED
AND
FILED**

95 APR 26 AM 10:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1 LELY BCH BLVD.
BONITA SPRINGS FL 33923**

Mailing Address

**1 LELY BCH BLVD.
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0399533

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RYAN, JAMES
STREET ADDRESS	P.O. BOX 128 N/A
CITY - ST - ZIP	BONITA SPGS. FL
TITLE	M
NAME	COOPER, NANCY
STREET ADDRESS	1 LELY BEACH BLVD
CITY - ST - ZIP	BONITA SPGS. FL
TITLE	PD
NAME	SHEPARD, H.W.
STREET ADDRESS	625 STANWIX STREET
CITY - ST - ZIP	PITTSBURGH PA
TITLE	VPD
NAME	WILLIAMS, ROBERT
STREET ADDRESS	105 HISPANOLA LANE
CITY - ST - ZIP	BONITA SPGS. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 its 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

Date

813-947-6690

Daytime Phone #