

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90085 008 ****61.25

DOCUMENT # 744993

1. Corporation Name

BEACH GARDEN "G" 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.

Zip

29 34134

Country

30 Collier

3. Date Incorporated or Qualified

11/16/1978

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

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA E
5121 CASTELLO DRIVE
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 STD ☐ DELETE

NAME RYAN, JAMES

STREET ADDRESS P.O. BOX 128 N/A

CITY-ST-ZIP BONITA SPGS. FL

TITLE PD ☐ DELETE

NAME SHEPARD, H.W.

STREET ADDRESS 625 STANWIX STREET

CITY-ST-ZIP PITTSBURGH PA

TITLE VPD ☒ DELETE

NAME WILLIAMS, ROBERT

STREET ADDRESS 105 HISPANIOLA LANE

CITY-ST-ZIP BONITA SPGS. 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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)