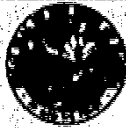


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 744995 (2)**

1. Corporation Name

**BEACH GARDEN T ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/16/1978</b>                                                                                              | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>65-0410114</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                    | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                             |                        |                                             |  |
|---------------------------------------------|------------------------|---------------------------------------------|--|
| Principal Place of Business                 |                        | Mailing Address                             |  |
| 1 LELY BCH BLVD.<br>BONITA SPRINGS FL 33923 |                        | 1 LELY BCH BLVD.<br>BONITA SPRINGS FL 33923 |  |
| 2. Principal Place of Business              | 2a. Mailing Address    |                                             |  |
| 21 Suite, Apt. #, etc.                      | 26 Suite, Apt. #, etc. |                                             |  |
| 22 City & State                             | 27 City & State        |                                             |  |
| 23 Zip                                      | 28 Zip                 |                                             |  |
| 24 Country                                  | 29 Country             |                                             |  |
| 25                                          | 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | STD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOOD, G. S.          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 109 JUMENTO CAY LN   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BONITA SPRINGS FL    | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOTT, ROBERT         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 103 JUMENTO CAY LANE | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BONITA SPRINGS FL    | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | MD                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOPER, NANCY        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1 LELY BEACH BLVD    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BONITA SPRINGS FL    | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                      | 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                      |                      | 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                      |                      | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert L. Mott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

Date

813-947-6690

Daytime Phone