

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90205 015 ****61.25

DOCUMENT # 744995

1. Corporation Name

BEACH GARDEN "I" 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

2a. Mailing Address

21 1 Barefoot Beach Blvd

26 1 Barefoot Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Bonita Springs, Fl.

28 Bonita Springs, Fl.

Zip

Country

Zip

Country

24 34134

25 Collier

29 34134

30 Collier

3. Date Incorporated or Qualified

11/16/1978

4. FEI Number

65-0410114

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

10. Name and Address of New Registered Agent

WISEMAN, TAMELA E
5121 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

☐ DELETE

NAME

ZEIDELER, ROBERT

STREET ADDRESS

239 LELY BEACH BLVD

CITY-ST-ZIP

BONITA SPRINGS FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

PD

☐ DELETE

NAME

MOTT, ROBERT

STREET ADDRESS

103 JUMENTO CAY LANE

CITY-ST-ZIP

BONITA SPRINGS FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

MD

☐ DELETE

NAME

COOPER, NANCY

STREET ADDRESS

1 LELY BEACH BLVD

CITY-ST-ZIP

BONITA SPRINGS FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Robert J. Mott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)