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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744996** (0)

1. Corporation Name

BEACH GARDEN "J" ASSOCIATION, INC.



Principal Place of Business # 1 LELY BEACH BLVD. BONITA SPRINGS FL 33923-8508	Mailing Address # 1 LELY BEACH BLVD. BONITA SPRINGS FL 33923-8508
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3. Date Incorporated or Qualified

11/16/1978

4. FEI Number

65-0608102

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HEFLIN, JERRY**
STREET ADDRESS **108 JUMENTO CAY LANE**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **SD** ☐ DELETE

NAME **QUENTHARDT, MARYANN**
STREET ADDRESS **109 KAULA LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **VD** ☐ DELETE

NAME **HEFLIN, JOAN**
STREET ADDRESS **108 JUMENTO CAY LANE**
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 ☐ 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

PD

Joan Heflin

108 Jumento Cay Lane

Bonita Springs, FL 34134

VPD

William Aimetti

43 High Meadow Lane

Basking, Ridge, NJ 07920

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:

Joan Heflin

4-8-98

941-947-6690

CR2E037 (10/97)