

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 90194 010 \*\*\*\*61.25

**DOCUMENT # 744996**

1. Corporation Name

**BEACH GARDEN "J" ASSOCIATION, INC.**

Principal Place of Business

# 1 LELY BEACH BLVD.  
BONITA SPRINGS FL 33923-8506

Mailing Address

# 1 LELY BEACH BLVD.  
BONITA SPRINGS FL 33923-8506



2. Principal Place of Business

**21 1 Barefoot Beach Blvd.**

2a. Mailing Address

**26 1 Barefoot Beach Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Bonita Springs, Fl.**

City & State

**28 Bonita Springs, Fl.**

Zip Country

**24 34134**

**25 Collier**

Zip Country

**29 34134**

**30 Collier**

3. Date Incorporated or Qualified

**11/16/1978**

4. FEI Number

**65-0608102**

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  
STE 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 ☐ DELETE

**VPD  
NAME AIMETTI, WILLIAM  
STREET ADDRESS 43 HIGH MEADOW LANE  
CITY-ST-ZIP BASKING RIDGE NJ 07920**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**PD  
NAME HEFLIN, JOAN  
STREET ADDRESS 108 JUMENTO CAY LANE  
CITY-ST-ZIP BONITA SPGS FL 34134**

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

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: *Maryann Guenthardt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Maryann Guenthardt**

*4/26/99*

Date

*941-947-6690*

Daytime Phone #

CR2E037 (11/98)