

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 005 ****61.25

DOCUMENT # 744997

1. Corporation Name

BEACH GARDEN "K" 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

Country

24 34134

25 Collier

2a. Mailing Address

26 1 Barefoot Beach Blvd.

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs, Fl.

Zip

Country

29 34134

30 Collier

3. Date Incorporated or Qualified

11/16/1978

4. FEI Number

65-0399531

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
5121 CASTELLO DR
STE 1
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME RICHTER, CURT
STREET ADDRESS 1613 BERMUDA GREENS BLVD #B9
CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE

NAME SMITH, WILLIAM
STREET ADDRESS 100 KAULA LN
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD ☐ DELETE

NAME FRIDAY, FRITZ
STREET ADDRESS 253 LELY BEACH BLVD PH4
CITY-ST-ZIP BONITA SPRINGS 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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Richard Sullivan
2.3 STREET ADDRESS 101 St. Lucia Lane
2.4 CITY-ST-ZIP Bonita Springs, Fl. 34134

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)