

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 004 ****61.25

DOCUMENT # 746139

1. Entity Name
BEACON WOODS GOLF CLUB, INC.



Principal Place of Business
**13140 CLOCK TOWER PKWY
BAYONET PT, FL 34667**

Mailing Address
**13140 CLOCK TOWER PKWY
BAYONET PT, FL 34667**

94060247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1892679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, DARLENE
13140 CLOCK TOWER PARKWAY
BAYONET POINT, FL 34667**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MCKINNON, PHILLIP**
STREET ADDRESS **13529 GLAZE BROOK DR.**
CITY-ST-ZIP **BAYONET POINT, FL 34667**

TITLE **V** ☐ Delete
NAME **DELCARPINE, CHUCK**
STREET ADDRESS **12806 CHARTER OAK WAY**
CITY-ST-ZIP **BAYONET POINT, FL 34667**

TITLE **S** ☐ Delete
NAME **FINCH, VIVIAN**
STREET ADDRESS **8503 MILL CREEK LN.**
CITY-ST-ZIP **BAYONET POINT, FL 34667**

TITLE **T** ☒ Delete
NAME **HEYLEK, FRANK**
STREET ADDRESS **11348 TURTLE DOVE PLACE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **DG** ☒ Delete
NAME **COMPTON, LEWIS**
STREET ADDRESS **8030 LAUREL VISTA LP.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **GD** ☒ Delete
NAME **PANZULLO, JOSEPH**
STREET ADDRESS **6923 BRAMBLEWOOD DR.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☐ Addition
NAME **Heylek, Frank**
STREET ADDRESS **11348 Turtle Dove Place**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **DelCarpine, Chuck**
STREET ADDRESS **12806 Charter Oak Way**
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Finch, Vivian**
STREET ADDRESS **8503 Mill Creek Lane**
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **McKinnon, Phillip**
STREET ADDRESS **13529 Glaze Brook Drive**
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **Governor** ☐ Change ☐ Addition
NAME **Cillo, Joseph**
STREET ADDRESS **8026 Greenside Lane**
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **Governor** ☐ Change ☐ Addition
NAME **McCrea, Lawrence**
STREET ADDRESS **13600 Bryndle Wood Court**
CITY-ST-ZIP **Hudson, FL 34667**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

121868-7673

Daytime Phone #