2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746139

FILED Apr 06, 2009 Secretary of State

Entity Name: BEACON WOODS GOLF CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 13140 CLOCK TOWER PKWY BAYONET PT, FL 34667 **Current Mailing Address: New Mailing Address:** 13140 CLOCK TOWER PKWY BAYONET PT, FL 34667 FEI Number: 59-1892679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, CHRISTINE 13140 ĆLOCKTOWER PARKWAY BAYONET POINT, FL 34667 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WALKER, TIMOTHY LIBERTY, KENNETH Name: Name: 14108 ROLLER LANE Address: 14840 POTTERTON CIRCLE Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: Title: (X) Change () Addition () Delete DELCARPINE, COSMO J Name: THAXTON, CLINTON Name: Address: 12806 CHARTER OAK WAY Address: 12825 SANDY TRAIL LANE City-St-Zip: BAYONET POINT, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: () Change () Addition BROSE, RICHARD Name: Name: 12802 IRONWOOD CIR Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: () Delete (X) Change () Addition Title: G Title: FLOOD, JOHN Name: Name: GILLIGAN, JAMES 12822 IRONWOOD CIRCLE Address: 5330 DOVE DR Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: BAYONET POINT, FL 34667 Title: () Delete Title: () Change (X) Addition PICHE, ROBERT Name: Name: 14820 POTTERTON CIRCLE Address: Address: City-St-Zip: City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: () Change (X) Addition RYDELL. LESTER Name: Name: Address: Address: 13000-B WEDGEWOOD WAY BAYONET POINT, FL 34667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON THAXTON P 04/06/2009