

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90069 013 ****61.25

DOCUMENT # 746314

1. Entity Name

BEECHWOOD ESTATES ASSOCIATION, INC.



Principal Place of Business

SUSAN K. BOND
85 MIMOSA CIR
SARASOTA FL 34232
US

Mailing Address

SUSAN K. BOND
85 MIMOSA CIR
SARASOTA FL 34232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOND, SUSAN K
85 MIMOSA CIR
SARASOTA FL 34232

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

FILE NOW: 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 PD ☐ Delete
NAME DANIEL, JERRY
STREET ADDRESS 105 MIMOSA DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE SD ☐ Delete
NAME SOLOMON, RHODA
STREET ADDRESS 100 MIMOSA DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE TD ☐ Delete
NAME BOND, SUSAN K
STREET ADDRESS 85 MIMOSA DRIVE
CITY-ST-ZIP SARASOTA FL 34232

TITLE T ☐ Delete
NAME HOPKINS, ALICE
STREET ADDRESS 80 MIMOSA DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE T ☐ Delete
NAME LAH, ERICH
STREET ADDRESS 185 MIMOSA DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan K. Bond

Susan K. Bond - Treasurer, 3/15/04 941-379-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #