


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 034 ****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

50018018



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOND, SUSAN K 85 MIMOSA CIR SARASOTA FL 34232		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Susan K. Bond, Treasurer* Susan K. Bond 2/16/05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, JERRY 105 MIMOSA DR. SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dawn Duggan, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 110 Mimosa Dr Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLOMON, RHODA 100 MIMOSA DR. SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Fottler, V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 180 Mimosa Dr. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOND, SUSAN K 85 MIMOSA DRIVE SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Ollie, Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition 130 Mimosa Dr. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPKINS, ALICE 80 MIMOSA DR. SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Pierce - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25 Mimosa Dr. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAH, ERICH 185 MIMOSA DR. SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelia Roberson - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 275 Mimosa Dr. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Johnston - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 270 Mimosa Dr Sarasota, FL 34232

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, Treasurer* 2/16/05 944-379-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #