2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746314

FILED Jul 13, 2006 Secretary of State

Entity Name: BEECHWOOD ESTATES ASSOCIATION, INC.

Current Pr	incipal Place	of Business:	New Principal Place of Business:		
SUSAN K. 1 85 MIMOS <i>A</i> SARASOT <i>A</i>		US	DAWN DU 110 MIMOS SARASOT		US
Current Mailing Address:			New Mailing Address:		
85 MIMOSA	USAN K. BOND 5 MIMOSA CIR ARASOTA, FL 34232 US		DAWN DUGGAN 110 MIMOSA DRIVE SARASOTA, FL 34232		US
FEI Number: FEI Number Applied For () FEI N In accordance with s. 607.193(2)(b), F.S., the corporation did not receiv			ımber Not Applicable (X) the prior notice.		Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:
BOND, SUSAN K 85 MIMIOSA CIR SARASOTA, FL 34232 US			ROBERSON, SHELIA 275 MIMOSA CIRCLE SARASOTA, FL 34232 US		
The above in the State		ubmits this statement for the purpose	of changing i	ts registered o	ffice or registered agent, or both,
SIGNATUR	RE: SHELIA M	. ROBERSON			07/13/2006
	Electroni	c Signature of Registered Agent			Date
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () DUGGAN, DAWN 110 MIMOSA DE SARASOTA, FL	₹	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	VP () FOTTLER, ROBI 180 MIMOSA DE SARASOTA, FL	2	Title: Name: Address: City-St-Zip:	B (X) PRIDMORE, FA 255 MIMOSA C SARASOTA, FL	PIRCLE
Title: Name: Address: City-St-Zip:	TD () BOND, SUSAN K 85 MIMOSA DRI SARASOTA, FL	VE	Title: Name: Address: City-St-Zip:	D (X) CASON, CHUC 320 MIMOSA C SARASOTA, FL	RCLE
Title: Name: Address: City-St-Zip:	D () RERCE, DALE 25 MIMOSA DR SARASOTA, FL	Delete 34232	Title: Name: Address: City-St-Zip:	D (X) STEINHOFF, BI 260 MIMOSA C SARASOTA, FL	CIRCLE
Title: Name: Address: City-St-Zip:	D () ROBERSON, SH 275 MIMOSA DE SARASOTA, FL	₹	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	D () JOHNSTON, ELI 270 MIMOSA DE SARASOTA, FL	₹	Title: Name: Address: City-St-Zip:	()) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: SHELIA M. ROBERSON T 07/13/2006