

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750630 (6)**

1. Corporation Name  
**BEACON POINT, INC.**



Principal Place of Business <b>4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127</b>	Mailing Address <b>4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127</b>
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3. Date Incorporated or Qualified <b>01/16/1980</b>	4. FEI Number <b>59-2018545</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**KENNEDY, MICHAEL  
687 BEVILL RD  
DAYTONA FL**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEALY, GLEN</b>	1.2 NAME	<b>Mealy, Glen</b>
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #157</b>	1.3 STREET ADDRESS	<b>4590 S. Atlantic Ave., #157</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	1.4 CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORMAN, JACK</b>	2.2 NAME	<b>Joseph Kiser</b>
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #137</b>	2.3 STREET ADDRESS	<b>4590 S. Atlantic Ave., #158</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	2.4 CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILABY, MERLIN</b>	3.2 NAME	<b>Douglas Rowland</b>
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #152</b>	3.3 STREET ADDRESS	<b>4590 S. Atlantic Ave., #264</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	3.4 CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KISER, JOSEPH</b>	4.2 NAME	<b>Delores Giamichael</b>
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #158</b>	4.3 STREET ADDRESS	<b>4590 S. Atlantic Av., #148</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	4.4 CITY-ST-ZIP	<b>Ponce Inlet FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NUNGESSOR, ROY</b>	5.2 NAME	<b>Kathryn Wickline</b>
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #246-A</b>	5.3 STREET ADDRESS	<b>4590 S. Atlantic Ave #144</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUSWELL, KATHERINE</b>	6.2 NAME	<b>Katherine Truswell</b>
STREET ADDRESS	<b>4590 S ATLANTIC AVENUE #162</b>	6.3 STREET ADDRESS	<b>4590 S. Atlantic Ave., #162</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>	6.4 CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.57(6)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Glen Mealy* DATE *2/24/98*

CR2E037 (10/97)