FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:05

DOCUMENT # 754729 (2)

1. Corporation Name
BEACON GROVES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1723 E. ORANGESIDE ROAD PO BOX 40 PALM HARBOR FL 34682-7040	1723 E. ORANGESIDE ROAD PO BOX 40 PALM HARBOR FL 34682-7040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1980
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2003936 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

EYBERS, THERESE
1723 E. ORANGESIDE ROAD
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

(31) Name
(32) Street Address (P.O. Box Number is Not Acceptable)
(33)
(34) City FL (35) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Therese Eybers — March 7, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MIELKE, HOWARD O.	1.2 NAME	
STREET ADDRESS	2417 GROVE RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	EYBERS, THERESE .	2.2 NAME	
STREET ADDRESS	1723 E. ORANGESIDE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	BARRY, ANN	3.2 NAME	Ruth Ellen Riel
STREET ADDRESS	2419 GROVE LAKE CIRCLE	3.3 STREET ADDRESS	2418 Grove Ridge Drive
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	D	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	KITLER, THEODORE	4.2 NAME	Anthony Fanto
STREET ADDRESS	2015 GROVELAND RD	4.3 STREET ADDRESS	2097 Citrus Hill Road
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Howard O. Mielke (HOWARD O. MIELKE) 3 MAR 95 813-785-7923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068068