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FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754729 (2)

1. Corporation Name

BEACON GROVES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2215 BEACONPOINT BLVD
P.O. BOX 40
PALM HARBOR FL 34682-0040
US2215 BEACON POINT BLVD
P.O. BOX 40
PALM HARBOR FL 34682-0040
US3. Date Incorporated or Qualified
10/20/19803a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2003936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYRKALA, JOHN E.
2215 BEACON POINT BLVD
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	MIELKE, HOWARD O.	2417 GROVE RIDGE ROAD	PALM HARBOR FL	<input checked="" type="checkbox"/>
PD	TYRKALA, JOHN E.	2215 BEACON POINT BLVD	PALM HARBOR FL	<input type="checkbox"/>
SD	BARRENTINE, STACEY	1961 CITRUS HILL ROAD	PALM HARBOR FL	<input type="checkbox"/>
VD	FANTO, ANTHONY	2097 CITRUS HILL RD	PALM HARBOR FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	Eccleston, Terrence L	2210 CITRUS HILL RD	PALM HARBOR, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Steven R. Williams	1930 Groveland Rd	Palm Harbor FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Salmon, MARY T	2102 Grove Valley Ave	Palm Harbor, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

815 787 8102

Date

Daytime Phone # 0068547

CR2E037 (9/96)