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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754729 (2)
1. Corporation Name
BEACON GROVES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 2215 BEACONPOINT BLVD P.O. BOX 40 PALM HARBOR FL 34682-0040 US	Mailing Address 2215 BEACON POINT BLVD P.O. BOX 40 PALM HARBOR FL 34682-0040 US
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3. Date Incorporated or Qualified 10/20/1980
4. FEI Number 59-2003936
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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
**TYRKALA, JOHN E.
2215 BEACON POINT BLVD
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
81 Name Jose A. Font
82 Street Address (P.O. Box Number is Not Acceptable) 2337 Orangepointe Ave
83
84 City Palm Harbor FL 85 Zip Code 34683

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 *Jose A. Font* **President** DATE **2/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ECCLESTON, TERRENCE L
STREET ADDRESS	2210 CITRUS HILL ROAD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	TYRKALA, JOHN E.
STREET ADDRESS	2215 BEACON POINT BLVD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BARRENTINE, STACEY
STREET ADDRESS	1961 CITRUS HILL ROAD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WILLIAMS, STEVEN R
STREET ADDRESS	1930 GROVELAND ROAD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SALMON, MARY T
STREET ADDRESS	2102 GROVE VILLAGE AVENUE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Font, Jose A
1.3 STREET ADDRESS	2337 Orangepointe Ave
1.4 CITY-ST-ZIP	Palm Harbor FL
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wojtecki, WILLIAM A.
2.3 STREET ADDRESS	2230 Beacon Point Blvd
2.4 CITY-ST-ZIP	Palm Harbor FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Steven R. Williams* **Steven R. Williams** **2/19/98**

CR25037 (10/97)