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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754729					
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		
2. Principal Place of Business 21 P.O. Box 40 Suite, Apt. #, etc. 22 City & State 23 Palm Harbor, FL Zip Country 24 34682-0040 25 U.S.		2a. Mailing Address 26 P.O. Box 40 Suite, Apt. #, etc. 27 City & State 28 Palm Harbor, FL Zip Country 29 34682-0040 30 U.S.		3. Date Incorporated or Qualified 10/20/1980 4. FEI Number 59-2003936 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	
9. Name and Address of Current Registered Agent FONT, JOSE A 2337 ORANGE POINTE AVE PALM HARBOR FL 34683			10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE NAME PD FONT, JOSE A STREET ADDRESS 2337 ORANGE POINTE AVE CITY-ST-ZIP PALM HARBOR FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VD WOJTECKI, WILLIAM A STREET ADDRESS 2230 BEACON POINT BLVD CITY-ST-ZIP PALM HARBOR FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD WILLIAMS, STEVEN R STREET ADDRESS 1930 GROVELAND ROAD 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		
TITLE <input checked="" type="checkbox"/> DELETE NAME SD SALMON, MARY T STREET ADDRESS 2102 GROVE VILLAGE AVENUE CITY-ST-ZIP PALM HARBOR FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **Jose A. Font**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 **727-97-1818**
Date Daytime Phone #

CR2E037 (11/98)