

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0080736

DOCUMENT # 754729

1. Entity Name

BEACON GROVES HOMEOWNER'S ASSOCIATION, INC.

04-06-2001 90007 040 ****61.25

Principal Place of Business

PO BOX 40
 PALM HARBOR FL 34682-0040
 US

Mailing Address

PO BOX 40
 PALM HARBOR FL 34682-0040
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2003936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FONT, JOSE A
2337 ORANGE POINTE AVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name
James Blakeley MacPherson

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

2349 Orange Pointe Ave

City

Palm Harbor

FL

Zip Code

34683-3145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

JAMES BLAKELEY MACPHERSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FONT, JOSE A	
STREET ADDRESS	2337 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOJTECKI, WILLIAM A	
STREET ADDRESS	2230 BEACON POINT BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, STEVEN R	
STREET ADDRESS	1930 GROVELAND ROAD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PATRICIA A	
STREET ADDRESS	1662 E GROVELEAF AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BLAKELEY MACPHERSON	
STREET ADDRESS	2349 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR, FLA. 34683-3145	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. SeFchick	
STREET ADDRESS	2361 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR, FLA. 34683-3145	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY COLLINS	
STREET ADDRESS	2438 E. ORANGEHILL AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683 3145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS V.P. ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. SeFchick	
STREET ADDRESS	2361 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR, FLA. 34683-3145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JAMES BLAKELEY MACPHERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2001 (27) 786-9386

CR2E037 (10/00)