

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90014 039 *****61.25

DOCUMENT # 762908

1. Entity Name

BEACON WOODS EAST HOMEOWNERS' ASSN., INC.



Principal Place of Business

8421 CLAYTON BLVD.
HUDSON FL 34667-2791

Mailing Address

8421 CLAYTON BLVD.
HUDSON FL 34667-2791

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2229985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

FRICK, ROSANNE
8421 CLAYTON BLVD.
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROSANNE FRICK

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

(NOTE: Registered Agent signature not used when resigning)

4/24/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☒ Delete
NAME	REILLY, JOHN E	
STREET ADDRESS	13320 BEAUMONT COURT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	PD	☐ Delete
NAME	COFFEY, PATRICIA	
STREET ADDRESS	13333 BEAUMONT CT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	☒ Delete
NAME	BROWN, SANDRA	
STREET ADDRESS	8555 BERKLEY DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	☐ Delete
NAME	MUNSEN, DONNA	
STREET ADDRESS	13500 SHADBERRY LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Change ☒ Addition
NAME	PETTLO RHONDA	
STREET ADDRESS	8537 ASHBURY DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	TD	☐ Change ☒ Addition
NAME	STITH, LARRY	
STREET ADDRESS	8523 BRAXTON DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	☐ Change ☒ Addition
NAME	LAURO, MICHAEL	
STREET ADDRESS	8624 BRAXTON DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	☐ Change ☒ Addition
NAME	BATEMAN, JONATHAN	
STREET ADDRESS	13402 RAYBURN ROAD	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	☐ Change ☒ Addition
NAME	KINGSBURY, JONATAN	
STREET ADDRESS	8905 WARRIOR WAY	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: