

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762908

FILED
Apr 22, 2009
Secretary of State

Entity Name: BEACON WOODS EAST HOMEOWNERS' ASSN., INC.

Current Principal Place of Business:

8421 CLAYTON BLVD.
HUDSON, FL 346672791

New Principal Place of Business:

Current Mailing Address:

8421 CLAYTON BLVD.
HUDSON, FL 346672791

New Mailing Address:

FEI Number: 59-2229985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRICK, ROSANNE
8421 CLAYTON BLVD.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PETTLO, RHONDA
Address: 8537 ASHBURY DRIVE
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: COFFEY, PATRICIA
Address: 13333 BEAUMONT CT
City-St-Zip: HUDSON, FL 34667

Title: TD () Delete
Name: STITH, LARRY
Address: 8523 BRAXTON DRIVE
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: MUNSEN, DONNA
Address: 13500 SHADBERRY LANE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: LAVORO, MICHAEL
Address: 8624 BRAXTON DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BATEMAN, JONATHAN
Address: 13402 RAYBURN ROAD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STITH, LARRY
Address: 8523 BRAXTON DRIVE
City-St-Zip: HUDSON, FL 34667

Title: TD (X) Change () Addition
Name: FREDRICKSEN, BARBARA
Address: 8634 ASHBURY DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: JUNG, GUNTER
Address: 8530 ASHBURY
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Change () Addition
Name: HICKEY, HAROLD
Address: 13006 BERKLEY DRIVE
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA COFFEY

PR

04/22/2009

Electronic Signature of Signing Officer or Director

Date