## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 771277**

1. Entity Name

## BEACON SQUARE HOMEOWNERS ASSOCIATION, INC.



FILED Feb 08, 2007 08:00 AM Secretary of State

					See at 18 of				
Principal Place of Business Mailing Addre									
BEACON SQUARE LEHIGH ACRES FL 33936 US		P.O. BOX 946 LEHIGH ACRES FL 33970 US							
2. Principal Place of Business - No P.O. Box # 3			iling Address				1802: 77272 77271 12211 1081 BIOW BIOW	DIDII DIDII TAYLE	MANUEL EL IERI
Suite, Apt. #, otc.			uita, Apt #, atc.	<del></del>		1st MOORE CR2E037 (10/06)			
City & State			City & State			4. FEI Number 59-2371502			pplied For
Zip	Country	p	Cou	intry	5. Certificate of Status Desired				
6. Name and Address of Current Registe			ed Agent			7. Name and Address of New Registered Agent			
o. Harro and Address of Ourrein Hegistera Agent					Namo				
BECKER & POLIKOFF C/O JOSEPH E. ADAMS, ESQ. 14241 METROPOLIS AVENUE - SUITE FORT MYERS FL 33912			E 100		Stroet Address (P.O. Box Number is Not Acceptable)				
					City		FL	Zip Cod	do
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									
Signature, typoid or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			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 DIREC				11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			N 10
TITLE:	PD		☐ Delete	TITEL				Change	Addition
NAME:	HUFNAGEL, CARL			NAM					
STREET ADDRESS	10512 NEWBURY CT			SIRI	FTADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL	C) <sup>5</sup>		-ST-7IP	U00000628970 <del>02/16/07~80037~025_6Д±25 ☐ audito</del>			<u></u>	
DILE	DVP		☐ Delete	TITLE		US.	167 <del>07-80037-0</del> 2	⊃_Pchange	Addition
NAME	PITMAN, MICKEY			NAM				_ "	_
STREET ADORESS	10656 TALMADGE CT		SIBLE		ET ADDINESS				
CHY-S1-ZIP	LEHIGH ACRES FL 33936		CITY-		ST-71P				
TeTLF	S		☐ Delete	31101				Change	Addition
NAMI:	PURSEL, ANN		LI Dentie	NAM					
	10603 ROXBURY CT			•	ET ADORESS				!
C(1)Y-S1-7(P	LEHIGH ACRES FL				SI-ZIP				
TITLE.	D		☐ Delete	100	-			Change	Addition
NAME	PAPA, PAT		L Delete	NAMI				- silange	
STREET ADDRESS	104311 NEW BEDFORD CT				ET ADDRESS				
CITY-ST-71P	LEHIGH ACRES FL 33936			CITY	-ST-7IP				
HILL	D		☐ Deleic	TITLE				☐ Change	☐ Addition
NAME	BRELAND, DOUGLAS		Details	NAMI				s.iangs	
STREET ADDRESS	10589 ROXBURY CT				ET ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL 33936				SI-7IP				
TITLE	T		☐ Delete	THE	-		1 11 2 11	☐ Change	Addition
NAMĽ	PARIS, MARLANE		- Delete	NAME	l l				
STRELT ADDRESS	10443 NEW BEDFORD COURT				ET ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL				·SI·ZIP				ı
	<del> </del>	h thie film	a does not avalify fo			ned in Section 110. Flo.	rida Statutos I further con	tify that the	information
12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental populity true and accurate and that my signature shall have the same legal effect as if made under cally that Lam an officer or director.									

12. I horoby certify that the information supplied with this fling does not quality for the exemptions contained in Soction 119. Florida Statutos 1 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 eath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all proof like, empowered.

SIGNATURE: Marlane Taris

2-5-07

239-335-2973