

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

Principal Place of Business

BEACON SQUARE
LEHIGH ACRES FL 33936
US

Mailing Address

P.O. BOX 946
LEHIGH ACRES FL 33970
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2371502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIKOFF
C/O JOSEPH E. ADAMS, ESQ.
14241 METROPOLIS AVENUE - SUITE 100
FORT MYERS FL 33912

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

Signature, typed or printed name of 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 DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUFNAGEL, CARL	
STREET ADDRESS	10512 NEWBURY CT	
CITY-STATE-ZIP	LEHIGH ACRES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PITMAN, MICKEY	
STREET ADDRESS	10656 TALMADGE CT	
CITY-STATE-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	PURSEL, ANN	
STREET ADDRESS	10603 ROXBURY CT	
CITY-STATE-ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPA, PAT	
STREET ADDRESS	104311 NEW BEDFORD CT	
CITY-STATE-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRELAND, DOUGLAS	
STREET ADDRESS	10589 ROXBURY CT	
CITY-STATE-ZIP	LEHIGH ACRES FL 33936	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARIS, MARLANE	
STREET ADDRESS	10443 NEW BEDFORD COURT	
CITY-STATE-ZIP	LEHIGH ACRES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

Marlane Paris

2-5-07

239-335-2973