2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 771277

Entity Name: BEACON SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BEACON SQUARE
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

BEACON SQUARE
10443 NEW BEDFORD CT
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

P.O. BOX 946
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 59-2371502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
C/O JOSEPH E. ADAMS, ESQ.
14241 METROPOLIS AVENUE - SUITE 100
FORT MYERS, FL 33912 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: PD ( ) Delete
Name: HUFNAGEL, CARL
Address: 10512 NEWBURY CT
City-St-Zip: LEHIGH ACRES, FL

Title: DVP ( ) Delete
Name: PITMAN, MICKEY
Address: 10656 TALMADGE CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S ( ) Delete
Name: PURSEL, ANN
Address: 10603 ROXBURY CT
City-St-Zip: LEHIGH ACRES, FL

Title: D ( ) Delete
Name: PAPA, PAT
Address: 104311 NEW BEDFORD CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: KINTZ, JOHN
Address: 10632 WINDSMONT CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: PARIS, MARLANE
Address: 10443 NEW BEDFORD COURT
City-St-Zip: LEHIGH ACRES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: HUFNAGEL, CARL
Address: 10512 NEWBURY CT
City-St-Zip: LEHIGH ACRES, FL

Title: PD (X) Change ( ) Addition
Name: PITMAN, MICKEY
Address: 10656 TALMADGE CT
City-St-Zip: LEHIGH ACRES, FL 33936

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

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

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

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

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: MARLANE PARIS T 01/12/2009
Electronic Signature of Signing Officer or Director — Date