## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # F99000004464 03-29-2004 90066 001 \*\*\*150.00 BEACHVIEW GOLF CLUB ESTATES, INC. Principal Place of Business Mailing Address 94038250 1100 PAR VIEW DR 1035 S. SEMORAN BLVD SANIBEL, FL 33957 STE 1012 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address 1100 PARVIEW DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Sanibel 65-0994218 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALTON, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY STREET FORT MYERS, FL 33902 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition Flood, MURRAY 2-215 FRODISHER DR. FLOOD, MURRAY NAME NAME STREET ADDRESS 153 UNION STREET STREET ADDRESS VATERIOO ONTARIO CANADA N2V264 CITY-ST-ZIP WATERLOO, ONT., CANADA, 92J1CR CITY-ST-ZIP TITLE ☐ Delete TITLE ROCKEL PAUL 2-215 Frobisher DR. NAME ROCKEL, PAUL NAME STREET ADDRESS 319 BRIDGEPORT RD, EAST STREET ADDRESS CITY-ST-ZIP WATERLOO, ONT., CANADA, 92J1CR CITY+ST-ZIP Waterloo. Ontario, Canada TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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. MURRAY Flood 3/19/04 234 SIGNATURE: \_

NG OFFICER OF DIRECTOR

FILED