

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H37655 (8)

95 JAN 24 AM 9:43

1. Corporation Name

BEACON HILL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1112 BEACON ROAD
LOT 165
LAKELAND FL 33803

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LOT 165
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1985

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

2a. Mailing Address

21 1112 WEST BEACON ROAD

26 1112 WEST BEACON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LOT 125

27 LOT 125

City & State

City & State

23 LAKELAND FL

28 LAKELAND FL

Zip

Country U.S.A.

Zip

Country

24 33803

25

29 33803

30 USA

4. FEI Number

59-1865984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILLIAM D.
1112 WEST BEACON RD. LOT 165
LAKELAND FL 33803

81 Name MALPASS, ROBERT M.

82 Street Address (P.O. Box Number Is Not Acceptable)
1112 WEST BEACON RD.

83 LOT 125

84 City LAKELAND

FL

85 Zip Code 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

R. M. Malpass

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

January 16, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, WILLIAM D.
STREET ADDRESS 1112 W. BEACON #165
CITY-ST-ZIP LAKELAND FL

TITLE VD
NAME LARKIN, STANLEY
STREET ADDRESS 1112 W BEACON #147
CITY-ST-ZIP LAKELAND FL

TITLE SD
NAME BRAY, BETTY
STREET ADDRESS 1112 W. BEACON, #199
CITY-ST-ZIP LAKELAND FL

TITLE TD
NAME PRUNER, FRANCES
STREET ADDRESS 1112 W. BEACON #98
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME MALPASS, ROBERT
1.3 STREET ADDRESS 1112 WEST BEACON RD, LOT 125
1.4 CITY-ST-ZIP LAKELAND, FL 33803

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME STEELE, JAMES
2.3 STREET ADDRESS 1112 WEST BEACON RD, LOT 68
2.4 CITY-ST-ZIP LAKELAND, FL 33803

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER ☒ Change ☐ Addition
4.2 NAME LEETE, GERTRUDE
4.3 STREET ADDRESS 1112 WEST BEACON RD, LOT 77
4.4 CITY-ST-ZIP LAKELAND, FL 33803

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. M. Malpass

ROBERT MALPASS

Jan. 16/95 813-682-1861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number