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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H37655

1. Corporation Name
BEACON HILL COLONY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1112 WEST BEACON RD. LOT 68 LAKELAND FL 33803 US	Mailing Address 1112 WEST BEACON RD. LOT 68 LAKELAND FL 33803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1112 W. Beacon Rd	26	1112 W. Beacon Rd.	01/11/1985	
Suite/Apt. #, etc.		Suite/Apt. #, etc.		4. FEI Number	
22	Lot 77	27	Lot 77	59-1865984	
City & State		City & State		Applied For	
23	Lakeland, Fl.	28	Lakeland, Fl.	Not Applicable	
24	33803 US	29	33803 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US		30 US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GERTRUDE LEETE
 1112 W BEACON RD
 BOX 77
 LAKELAND FL 33803

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, VIRGINIA	1.2 NAME	SMITH, WILLIAM
STREET ADDRESS	1112 W. BEACON RD., LOT 64	1.3 STREET ADDRESS	1112 W. Beacon Rd. Lot 165
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Lakeland, Fl. 33803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	TOOTHAKER, LAURIE	2.2 NAME	
STREET ADDRESS	1112 W. BEACON, LOT 146	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEETE, GERTRUDE	3.2 NAME	RICE, BRIAN
STREET ADDRESS	1112 W. BEACON RD., LOT 77	3.3 STREET ADDRESS	1112 W. Beacon Rd. Lot 177
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, Fl. 33803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	MAHLAN, CHARLES	4.2 NAME	
STREET ADDRESS	1112 W. BEACON RD. LOT 119	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MAHLAN, CHARLES	5.2 NAME	
STREET ADDRESS	112 W BEACON RD #119	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	SMITH, JAMES	6.2 NAME	
STREET ADDRESS	1112 W BEACON RD #168	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Gertrude Leete* Gertrude Leete 1-7-99 94-683-9678

CR2E034 (1/1/98)