

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H66009 (2)

1. Corporation Name
BEACON TERRACE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
2425 HARDEN BLVD LOT. 299
LAKELAND FL 33803

Mailing Address
2425 HARDEN BLVD LOT. 299
LAKELAND FL 33803

3. Date Incorporated or Qualified 07/09/1985
3a. Date of Last Report 04/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2663012	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and office (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	LEVITEN, JEROME	1.2 NAME	Beverly Ezzers
STREET ADDRESS	2425 HARDEN BLVD #20	1.3 STREET ADDRESS	2425 Harden Blvd. #13
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, Fla.
TITLE	VD	2.1 TITLE	VP
NAME	LEVITON, JEROME	2.2 NAME	Ed Nolet
STREET ADDRESS	2425 HARDEN BLVD #20	2.3 STREET ADDRESS	2425 Harden Blvd. # 1
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Fla.
TITLE	TD	3.1 TITLE	S
NAME	FOSTER, DOUGLAS	3.2 NAME	Thelma Rogers
STREET ADDRESS	2425 HARDEN BLVD., #101	3.3 STREET ADDRESS	2425 Harden Blvd. # 144
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, Fla.
TITLE	SD	4.1 TITLE	T
NAME	MANN, CORRINE	4.2 NAME	Mildred Arnold
STREET ADDRESS	2425 HARDEN BLVD #50	4.3 STREET ADDRESS	2425 Harden Blvd. # 223
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, Fla.
TITLE	D	5.1 TITLE	D
NAME	BAREST, RICHARD	5.2 NAME	Dee Grady
STREET ADDRESS	2425 HARDEN BLVD #149	5.3 STREET ADDRESS	2425 Harden Blvd. # 76
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, Fla.
TITLE	D	6.1 TITLE	D
NAME	PARSONS, ORLAND	6.2 NAME	Jim Senapole
STREET ADDRESS	2425 HARDEN BLVD #94	6.3 STREET ADDRESS	2425 Harien Blvd. # 204
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, Fla.

14. I do hereby certify that the information supplied with this filing is 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: Mildred Arnold *Mildred Arnold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 1996

Date

Daytime Phone #

CR2E034 (12/95)