


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001078
 1. Entity Name
 BEACH WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business _____ Mailing Address _____
 BEACH WALK C/O MATLAND ACCOUNTING
 FORT MYERS, FL 33908 12995 S CLEVELAND AVE STE 107
 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0994133 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATLAND, RUDOLPH K
 12995 S CLEVELAND AVE
 STE 107
 FORT MYERS, FL 33907

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MUFFET, FRED 3833 PONCIANA DR. ACRON, OH |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BAILEY, LINDA 15596 BEACHCOMBER AVE FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MATLAND, RUDOLPH K 11205 BEACH STROLL COURT FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAILES, ROBERT 15673 EBACHCOMBER AVE. FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/14/05-80012-010 61.25

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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 617, 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.

SIGNATURE: *Rudolph K Matland* RUDOLPH K MATLAND 2/12/05 239-279-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #