


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 040 ****61.25

DOCUMENT # N00000001078

1. Entity Name
BEACH WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**BEACH WALK
 FORT MYERS, FL 33908**

Mailing Address
**C/O MATLAND ACCOUNTING
 12995 S CLEVELAND AVE STE 107
 FORT MYERS, FL 33907**

40103153



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04252007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JACONA, CARL	
STREET ADDRESS	15677 BEACHCOMBER AVE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BANASIAK, KEITH	
STREET ADDRESS	15681 BEACHCOMBER AVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GERALDINE	
STREET ADDRESS	15701 BEACHCOMBER AVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PAILES, ROBERT	
STREET ADDRESS	15673 EBACHCOMBER AVE.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacona, Carl	
STREET ADDRESS	15677 Beachcomber Ave.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banasiak, Keith	
STREET ADDRESS	15681 Beachcomber Ave.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Call, Bill	
STREET ADDRESS	15808 Beachcomber Ave.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Czaster, Matthew	
STREET ADDRESS	15768 Beachcomber Ave.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **04/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #