


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 014 ****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**

60035863



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

04242008 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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP IACONA, CARL <input type="checkbox"/> Delete 15677 BEACHCOMBER AVE. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANASIAK, KEITH <input type="checkbox"/> Delete 15681 BEACHCOMBER AVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALL, BILL <input type="checkbox"/> Delete 15808 BEACHCOMBER AVE. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZASTER, MATHEW <input type="checkbox"/> Delete 15768 BEACHCOMBER AVE. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pat Mullin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15850 Beach Pebbleway Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keith Banasiak **KEITH BANASIAK** **042008 239-229-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #