2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001078

FILED Mar 23, 2009 Secretary of State

Entity Name: BEACH WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: BEACH WALK FORT MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** C/O MATLAND ACCOUNTING 12995 S CLEVELAND AVE STE 107 FORT MYERS, FL 33907 FEI Number: 65-0994133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATLAND, RUDOLPH K 12995 S CLEVELAND AVE STE 107 FORT MYERS, FL 33907 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition IACONA, CARL CZASTER, MATT Name: Name: 15677 BEACHCOMBER AVE. Address: 15768 BEACHCOMBER AVE. Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: () Delete Title: (X) Change () Addition BANASIAK, KEITH Name: LEWIS, BRAD Name: Address: 15681 BEACHCOMBER AVE Address: 15618 BEACHCOMBER AVE. City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: (X) Change () Addition CALL, BILL DOWNING, VICKIE Name: Name: 15808 BEACHCOMBER AVE. 15592 BEACHCOMBER AVE Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 (X) Change () Addition Title: () Delete Title: SMITH, DAVE Name: CZASTER, MATHEW Name: 15757 BEACHCOMBER AVE. Address: 15768 BEACHCOMBER AVE. Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: () Change () Addition MULLIN, PAT Name: Name: 15550 BEACH PEBBLE WAY Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH K. MATLAND RA 03/23/2009