

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000005017

1. Entity Name

BEAVER CREEK CROSSING HOMEOWNERS ASSOCIATION, INC.



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business

2972 RACE TRACK
SAINT AUGUSTINE FL 32084

Mailing Address

2972 RACE TRACK
SAINT AUGUSTINE FL 32084

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3701202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEENEY, WILLIAM
2972 RACETRACK RD
SAINT AUGUSTINE FL 32084

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 re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 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 DST
NAME FEENEY, WILLIAM ☐ Delete
STREET ADDRESS 2972 RACETRACK RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D
NAME MOORE, ROBERT ☐ Delete
STREET ADDRESS 2957 RACETRACK
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D
NAME BERG, HARRY ☐ Delete
STREET ADDRESS 2937 RACETRACK ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE DP
NAME LORD, DAVE ☐ Delete
STREET ADDRESS 2937 RACETRACK RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D
NAME LYDN, PHILIP ☐ Delete
STREET ADDRESS 2960 RACETRACK ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000954026
07/10/08-80005-011 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William Feeny

DST

7/5/08