

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000784

Entity Name: BEUHRING GOLF ASSOCIATES, INC.

FILED
Jun 30, 2004
Secretary of State

Current Principal Place of Business:

5815 LEGACY CRESCENT PL
302
RIVERVIEW, FL 33569

New Principal Place of Business:

3323 VALENCIA RD
TAMPA, FL 33618

Current Mailing Address:

P O BOX 340323
TAMPA, FL 33694

New Mailing Address:

3323 VALENCIA RD
TAMPA, FL 33618

FEI Number: 03-0394016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEUHRING, LAURA R
5815 LEGACY CRESCENT PL
302
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

BEUHRING, LAURA R
3323 VALENCIA RD
TAMPA, FL 33618 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:

06/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEUHRING, LAURA R
Address: 5815 LEGACY CRESCENT PL
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: BEUHRING, JANICE L
Address: 18 TOWNSHIP RD. 1118
City-St-Zip: CHESAPEAKE, OH 45619

Title: T () Delete
Name: ROIAS, AIDA TREASUR
Address: 5815 LEGACY CRESCENT PL. APT. # 302
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: STEVENS, ANN TRUSTEE
Address: 720 BUNGALOW TERRACE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: FUGGLESANG, ASHLEY TRUSTEE
Address: 24019 TIMBERLAWN CT.
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: STEVENS, MICHAEL DIRECTO
Address: 720 BUNGALOW TERRACE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEUHRING, LAURA R
Address: 3323 VALENCIA RD
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SANCHEZ, VIVIAN SECRETA
Address: 3323 VALENCIA RD
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA R. BEUHRING

P

06/30/2004

Electronic Signature of Signing Officer or Director

Date