2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004162

Entity Name: BEACON PARK PHASE 1 MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
5850 TG LEE BOULEVARD, STE. 600 ORLANDO, FL 32822	

Current Mailing Address:	**New Mailing Address:**
5850 TG LEE BOULEVARD, STE. 600 ORLANDO, FL 32822	610 SYCAMORE STREET SUITE 140 CELEBRATION, FL 34747

FEI Number: 20-2752242   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:**
MOSS, DAVID 5850 TG LEE BOULEVARD, STE. 600 ORLANDO, FL 32822 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:

Title:	PD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	MOSS, DAVID	Name:
Address:	5850 TG LEE BOULEVARD, STE. 600	Address:
City-St-Zip:	ORLANDO, FL 32822	City-St-Zip:

Title:	VD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	LAWSON, ROB	Name:
Address:	5850 TG LEE BOULEVARD, STE. 600	Address:
City-St-Zip:	ORLANDO, FL 32822	City-St-Zip:

Title:	STD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	MURPHY, BRANDY	Name:
Address:	5850 TG LEE BOULEVARD, STE. 600	Address:
City-St-Zip:	ORLANDO, FL 32822	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: DAVID MOSS   PD   04/29/2005

    Electronic Signature of Signing Officer or Director   Date