

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004163

FILED  
Nov 16, 2005  
Secretary of State

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

**Current Principal Place of Business:**

5850 TG LEE BOULEVARD, STE. 600  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5850 TG LEE BOULEVARD, STE. 600  
ORLANDO, FL 32822

**New Mailing Address:**

610 SYCAMORE ST. 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:**

MOSS, DAVID  
5850 TG LEE BOULEVARD, STE. 600  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

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: DAVE MOSS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: STD ( ) Delete  
Name: MURPHY, BRANDY  
Address: 5850 TG LEE BOULEVARD, STE. 600  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAVID MOSS

PD

11/16/2005

Electronic Signature of Signing Officer or Director

Date