


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 022 ****61.25

DOCUMENT # N04000004163

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



Principal Place of Business
 5850 TG LEE BOULEVARD, STE. 600
 ORLANDO, FL 32822

Mailing Address
 610 SYCAMORE ST. SUITE 140
 CELEBRATION, FL 34747



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 475 WEST TOWN PLACE
 SUITE 100
 City & State
 ST AUGUSTINE FL
 Zip
 32092
 Country
 USA

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number
 20-2752242

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	MOSS, DAVID	<input checked="" type="checkbox"/> Delete	TITLE PD	CHRISTOPHER SHOEMAKER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5850 TG LEE BOULEVARD, STE. 600		NAME	5850 T. G. LEE BOULEVARD, STE 600	
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS	Orlando, FL 32822	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VPD	LAWSON, ROB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5850 TG LEE BOULEVARD, STE. 600		NAME		
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE STD	MURPHY, BRANDY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5850 TG LEE BOULEVARD, STE. 600		NAME		
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Christopher A. Shoemaker 4-27-06. 4078505200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #