2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0400004163 1. Entity Name BEACON PARK PHASE 1 HOMEOWNERS ASSOCIATION, INC.						05-01-20	006 9037:	5 022 ****6	51.25	
5850 TG LEE BOULEVARD, STE. 600 610		Mailing Address 610 SYCAMORE ST. SUITE CELEBRATION, FL 34747	510 SYCAMORE ST. SUITE 140		,					
4			175 WEST TOWN PLACE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. $SUITE IDO$		04212006	Chg-NP	CR2	E037 (11/05)		
City & State		City & State ST AUGUSTINE FL			4. FEI Numbe 20-2752				oplied For ot Applicable	
Zip _	Country	32092	Country レSA		5. Certificate	of Status Desir	ed	\$8.75 Add		
	6. Name and Address of Current F	·		1.	7. Name and	Address of Ne	ew Registere	ed Agent		
MOSS, DAVID				Name						
5850 TG LEE BOULEVARD, STE. 600 ORLANDO, FL 32822				Street Address (P.O. Box Number is Not Acceptable)						
			City					1		
				FL Zip Code						
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	gistered office o	r registere	ed agent, or both	h, in the State o	of Florida. Ta	am familiar with,	and accept	
SIGNATURE							· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Re	egistered Agent signat	ture required w	when reinstating)		DAT	Έ		
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees	e	Make ch	eck payable to		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing	□ ;	\$5.00 May Be Added to Fees DDITIONS/CHA		Make che Florida Dep	eck payable to	tate	
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06. 4078505200

Daytime Phone #