2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005
Secretary of State

DOCUMENT# N04900

Entity Name: THE BEEKMAN PLACE ASSOCIATION, INC.

Current Principal Place of Business:

4500 HIDDEN VIEW PLACE
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

4500 HAMLETS GROVE DR
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 65-0164815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, ROBERT
4318 EDENROSE WAY
SARASOTA, FL 34235 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HUMAN, DON
Address: 4454 WINSTON LANE S
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: TWITCHELL, MARY
Address: 3490 BEEKMAN PL
City-St-Zip: SARASOTA, FL 34235

Title: PTD ( ) Delete
Name: MILLER, ROBERT
Address: 4318 EDENROSE WAY
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: WARSHAW, BOB
Address: 4527 HAMLETS GROVE DR
City-St-Zip: SARASOTA, FL 34235

Title: SD ( ) Delete
Name: RANKIN, LAILA
Address: 4371 EDINBRIDGE CIR
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WHALEN, JOANN
Address: 4498 WINSTON LANE
City-St-Zip: SARASOTA, FL 34235

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

Title: SD (X) Change ( ) Addition
Name: REVEN, JOHN
Address: 4577 HAMLETS GROVE DR
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Change ( ) Addition
Name: POPLAR, ED
Address: 3322 YONGE AVENUE
City-St-Zip: SARASOTA, FL 34235

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: ROBERT L. MILLER PRES 03/19/2005

Electronic Signature of Signing Officer or Director — Date