

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04900

FILED
Mar 06, 2008
Secretary of State

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:

VANDERCLAY, STEVEN D
4335 BEEKMAN PLACE
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: PD () Delete
Name: VANDERCLAY, STEVEN D
Address: 4335 BEEKMAN PL
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: JOHNSHON, LUCY
Address: 3435 BEEKMAN PL
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: DE MARIA, ALICE
Address: 3333 YOYGE
City-St-Zip: SARASOTA, FL 34235

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

Title: D () Delete
Name: KRUSE, ROLAND
Address: 4751 HAMLETS GROVE DR
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Delete
Name: ST.CLAIR, DON
Address: 4436 WINSTON LN
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SHERRILL, CAROL
Address: 4887 HAMLETS GROVE
City-St-Zip: SARASOTA, FL 34235

Title: SD (X) Change () Addition
Name: SCALERA, JOHN M
Address: 3464 BEEKMAN PLACE
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Change () Addition
Name: GOBA, WILLIAM
Address: 3354 YONGE
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Change () Addition
Name: ST. CLAIR, DON
Address: 4436 WINSTON LANE
City-St-Zip: SARASOTA, FL 34235

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN D VANDER CLAY

PD

03/06/2008

Electronic Signature of Signing Officer or Director

Date