

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 017 ****61.25

DOCUMENT # N05000010587

1. Entity Name
BECKETT WAY TOWNHOME ASSOCIATION, INC.



Principal Place of Business
**600 N. WESTSHORE BLVD., STE. 400
TAMPA, FL 33609**

Mailing Address
**600 N. WESTSHORE BLVD., STE. 400
TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #
STERLING MANAGEMENT

3. Mailing Address
2870 SCHERER DR. N.

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33716

Country
U.S.A.

Zip
33716

Country
U.S.A.

02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
11-3764813

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**O'RYAN, CHRISTIAN F.
2701 N. ROCKY POINT DR., STE. 900
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name **RONALD COTTERILL**
Street Address (P.O. Box Number is Not Acceptable)
1010 N. FLORIDA AVE
City **TAMPA** FL **33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **DP** ☐ Delete
NAME **EICHHOLT, DUSTY**
STREET ADDRESS **600 N. WESTSHORE BLVD., STE. 400**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **DV** ☐ Delete
NAME **CACHON, MICHAEL**
STREET ADDRESS **600 N. WESTSHORE BLVD., STE. 400**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **DST** ☒ Delete
NAME **KLARKOWSKI, KEVIN M**
STREET ADDRESS **600 N. WESTSHORE BLVD., STE. 400**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☒ Change ☐ Addition
NAME **HEATHER MIDDLETON**
STREET ADDRESS **600 N. WESTSHORE BLVD., Suite 400**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 the empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07
Date

(813) 901-5263
Daytime Phone #