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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N10466** (3)

1. Corporation Name
BEACON LAKES NORTH BAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

***DONALD J. WOOLLETT**
4432 TIDAL POND RD.
NEW PORT RICHEY FL 34652-5849

***DONALD J. WOOLLETT**
4432 TIDAL POND RD.
NEW PORT RICHEY FL 34652-5849

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1985	3a. Date of Last Report 02/25/1994
4. FEI Number 59-2657583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4018 JERSALE CT.	2a. Mailing Address 26 P.O. Box 1247
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NEWPORT RICHEY, FL	City & State 28 LLIIPS, FL.
Zip 24 34652	Country 25
Zip 29 34680-1247	Country 30

9. Name and Address of Current Registered Agent

WOOLLETT, DONALD J.
4432 TIDAL POND RD.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name DANIEL T. SKELTON
82 Street Address (P.O. Box Number is Not Acceptable)
83 4443 TIDAL POND RD
84 City NEW PORT RICHEY
85 State FL
86 Zip Code 34652

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **05/09/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOLLETT, DONALD J.
STREET ADDRESS	4432 TIDAL POND RD. <i>DELETED</i>
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	REISINGER, EDWARD L. <i>CHANGE</i>
STREET ADDRESS	4141 SCHOONER LN.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	FINLAYSON, JOHN <i>DELETED</i>
STREET ADDRESS	4449 TIDAL POND RD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	STD
NAME	CHOLLET, ALICE Y. <i>RESIGNED</i>
STREET ADDRESS	4510 TIDAL POND RD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	ABBOTT, CLARK <i>CHANGE</i>
STREET ADDRESS	4113 SCHOONER LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARLA DUNN	
1.3 STREET ADDRESS	4018 JERSALE CT	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-5848	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARK ABBOTT	
2.3 STREET ADDRESS	4133 SCHOONER LN.	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652-5848	
3.1 TITLE	SECT. / TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANIEL T. SKELTON	
3.3 STREET ADDRESS	4443 TIDAL POND RD	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652-5848	
4.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDWARD REISINGER	
4.3 STREET ADDRESS	4141 SCHOONER LN	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-5848	
5.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY HANNAH	
5.3 STREET ADDRESS	4435 TIDAL POND RD	
5.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652-5848	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REMITTED BY MAY 13 1995

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if removed, of an attachment with an address.

SIGNATURE: *[Signature]* DANIEL T. SKELTON 4/1/95 813 844-7833

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)