

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90046 026 ****61.25

DOCUMENT # N17302 1. Entity Name BEACHWALK RESIDENTS ASSOCIATION, INC.			
Principal Place of Business C/O RESOA MANAGEMENT 2685 HORSESHOE DR. S #215 NAPLES, FL 34104 US		Mailing Address C/O RESOA MANAGEMENT 2685 HORSESHOE DR. S #215 NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # C/O Resort Mgmt		3. Mailing Address C/O Resort Mgmt	
Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215		Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215	
City & State Naples, FL		City & State Naples, FL	
Zip 34104		Zip 34104	
Country US		Country US	
4. FEI Number 59-2745854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, RICHARD 705 REAFPOINT CIRCLE NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u><i>Carole L. ...</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <u>4/9/07</u> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME WIEBEV, GEORGE STREET ADDRESS 3050 HORSESHOE DR N, # 275 CITY-ST-ZIP NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE DP NAME Loder, Carol STREET ADDRESS 901 Reef Point Cir. CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WERBER, GEORGE STREET ADDRESS 601-203 BEACHWALK CIRCLE CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE DS NAME Herbst James STREET ADDRESS 937 Reef Point Cir. CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS NAME TEGEN, CONSTANCE STREET ADDRESS 784 REAF POINT CIRCLE CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE DT NAME Christensen, Jon STREET ADDRESS 637 Beachwalk Cir. #E204 CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME STONER, DONALD STREET ADDRESS 817 1493 REAF POINT CIRCLE CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE D NAME Stoner, Donald STREET ADDRESS 817-1493 Reef Point Cir. CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LISSMAN, ALAN STREET ADDRESS 513 1493 REAF POINT CIRCLE CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE D NAME Lissman, Alan STREET ADDRESS 513-V53 Beachwalk Cir. CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME MCCARTHY, RICHARD STREET ADDRESS 583 Q201 BEACHWALK CIRCLE CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE DVP NAME Wendel, Marty STREET ADDRESS 810 Reef Point Cir. CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u><i>Carole L. ...</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	