## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23210

FILED Apr 20, 2010 Secretary of State

Entity Name: BECKETT BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

COMMUNITY AUTO MGMT C/O ASSOCIATION ACCTG & MGMT INC 40347 US 19 STE 129 40347 US 19 STE 129

TARPON SPRINGS, FL 34684

TARPON SPRINGS, FL 34684

Current Mailing Address:

New Mailing Address:

COMMUNITY AUTO MGMT 40347 US 19 STE 129

40347 US 19 STE 129

TARPON SPRINGS, FL 34684

TARPON SPRINGS, FL 34684

FEI Number: 59-2891118 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O ASSOCIATION ACCTG & MGMT INC

HUBER, CAROL COMMUNITY ACCT. MGMT 40347 US 19 STE 129 TARPON SPRINGS, FL 34689 US HUBER, CAROL ASSOCIATION ACCTG & MGMT INC 40347 US 19 STE 129

40347 US 19 STE 129 TARPON SPRINGS, FL 34689 US

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:

04/20/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD

 Name:
 KARANTONIS, GREG

 Address:
 698 BAY COVE DRIVE

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: D

Name: GABBERT, RICK Address: 1447 BAY VIEW ST

City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD

Name: NEWELL, DEAN Address: 615 BAYSIDE DRIVE

City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD

Name: ESCHLER, JOHN Address: 1432 BAY VIEW ST

City-St-Zip: TARPON SPRINGS, FL 34689

Title:

Name: WILLKOMM, STEVE Address: 1580 CLUB DRIVE

City-St-Zip: TARPON SPRINGS, FL 34689

Title: [

Name: COGSWELL, JEAN Address: 1420 CLUB DRIVE

City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: GREG KARANTONIS PD 04/20/2010