

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N23358

1. Entity Name

**BEACON WOODS EAST RECREATION ASSOCIATION,
INC.**



Principal Place of Business

**8700 PAVILION DRIVE
HUDSON, FL 34667**

Mailing Address

**C/O JAY SHAPIRO
1625 N. COMMERCE PKWY., STE. 225
WESTON, FL 33326**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2928694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, JAY
1625 S. COMMERCE PKWY.
SUITE 225
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHAPIRO, JAY
1625 N. COMMERCE PKWY., STE. 225
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COHEN, DAVID I
1625 N. COMMERCE PKWY., STE. 225
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
NAISMITH, ROBERT
8700 PAVILLION DR
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DALY, CAROLYN
8700 PAVILLION DR
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000051407
02/16/04-80050-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (954) 385-6616
Date Daytime Phone #