2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N23358

Entity Name: BEACON WOODS EAST RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

8700 PAVILION DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2928694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, JAY
1625 S. COMMERCE PAKY.
SUITE 225
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAPIRO, JAY
Address: 1625 N. COMMERCE PKWY., STE. 225
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: COHEN, DAVID I
Address: 1625 N. COMMERCE PKWY., STE. 225
City-St-Zip: WESTON, FL 33326

Title: P ( ) Delete
Name: DALY, CAROLYN
Address: 8900 PAVILION DR
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete
Name: BOLENDER, LORETTA
Address: 8700 PAVILLION DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAY S SHAPIRO D 04/17/2006

Electronic Signature of Signing Officer or Director — Date