	FILE NOW: FI	LING FEE IS	\$61.25		
NONPROFIT CORPORATION		Table (C)	DEPARTMENT OF STATE		
ANN	IUAL REPORT		andra B. Mortham Secretary of State		
			ON OF CORPORATIONS		
DOCL	MENT # N306	84 (7	<u>'\</u>		
1. Corporati	on Name	•	,		
THE E	ESTATES OF BEACON WO ERTY OWNERS ASSOCIA	DODS GOLF & COU TION, INC.	NTRY CLUB	E HOOMFAN DOOR HANK DANG ANAD VOOR	I BYAT BUSIK BUSIK BIBIK SIBIK BIBIK GIBU 1881
Principal Place of Business Mailing Address					
POST OFFICE BOX 5516 HUDSON FL 34674		POST OFFICE BO HUDSON FL 3467	•••-		•
				3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last Report 02/16/1995
Principal Place of Business 1		2a. Mailing Address	3	4. FEI Number	Applied For
Suite, Apt	. #, etc.	26 Suite, Apt. #, et	lc.	59-2975322	Not Applicable
City 9 Sto	<u> </u>	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zio	Gountry 30	8. This corporation has liability for	intangible tax under s. 199.032,
	9. Name and Address of Curr		30	Florida Statutes 10. Name and Address of New R	Yes □ No egistered Agent
81 Name Panart TALL OD					
RODGERS, SAM R. 6001 SANDPIPER'S DRIVE 10 No. 1 1 0 No. 1 1 0 No. 1 1 0 No. 1 1 1 1 0 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					linmet funcc
PO BOX	90069		83 2 1-56	McLOrmick Driv	
i LAKELA	ND FL 33804		84 City	T 4	DE 7m Codo
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508. Florida S	tatutes, the above-paged corpo	water	FL 34619
or registe familiar w	red agent, or both, in the State of Fla ith, and accept the obligations of, Se	orida Such change was alt ection 617.0503 Florida Sta	horized by the corporation's boatutes.	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered ag				721/96
12.		AND DIRECTORS	(NOTE Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIDECTOR: IN 17
TITLE	PO	⊡ DELETE	11 TITLE	TEGMORE CHARGES TO OFFI	Change Addition
NAME	RODGERS, SAM R.		1.2 NAME	homas E Stanley	, , ,
STREET ADDRESS	5555 N.SOCRUM LOOP RD LAKELAND FL		1.3 STREET ADDRESS	153 Tennyson Jul	
TITLE	#D	DELETE		udson, th 34667	
NAME	ZIEGLER, RAYMOND G		21 TITLE 22 NAME	1	Change Addition
STREET ADDRESS	14407 BRONTE COURT		2.3 STREET AC DRESS		
CITY-ST-ZIP	HUDSON FL		2 4 CITY-ST-ZIP		
NAME	STD RODGERS, RICHARD	□ ELFTE	2 ! TITLE	ine Brown	Change Addition
STREET ADDRESS	4525 NUNNSWOOD LN.		3.2 NAME 3.3 STREET ADDRESS	IGI BAY POINTE CT.	
CITY - ST - ZIP	LAKELAND FL		3.4. CHTY-ST-ZIP	4050N,7L 34667	
TITLE		DELETE	4.777.5		☐ Change ☐ Addition
NAME			4 2 NAME	CHOLAS DOGANIERI	6 Ph
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS	U32 DIAMONDIRIDA	, NV.
TITLE		DELETE	4.4 City-St-2iP #(V	1030N,7L 34667	[] Channel [] A 1 2
NAME			52 NAME	PANK SUTER	Change Addition
STREET ADDRESS				56 BAY POINTE CT.	
CITY-ST-ZIP				UDSON, 7L 3466	
THILE		DELETE	61 TITLE 1		
NAME STREET ADDRESS			6 2 NAME	90000185 -06/11/960100	08003
CITY ST. 7IP			6 3 STREET ADDRESS	***61.25	

6 4 CITY-S1-ZIF

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayane Phone #

6 4 CITY - ST - ZIP

CITY - ST - ZIP

4/23/96 (8/3)869 832 Day