

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 31 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N30684  
 1. Corporation Name

**THE ESTATES OF BEACON WOODS GOLF & COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. P.O. BOX 1448		4. FEI Number		Applied For	
22. City & State		27. Suite, Apt. #, etc.		59-2975322		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
, FL		Palm Harbor, FL		<input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution	
24. Zip		29. 34682-1448		Country		9. \$5.00 May Be Added to Fees	
25. Country		30. USA		<input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Robert L. Tankel 1299 Main Street, Suite F Dunedin, FL 34698				81 Name Dominick Scannavino			
				82 Street Address (P.O. Box Number is Not Acceptable) 3490 E Lake Rd,			
				83 Suite C			
				84 City Palm Harbor			
				FL		85 Zip Code 34685	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of Florida and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE: *Dominick Scannavino*

(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, THOMAS E.	12 NAME	MYERS, LYNDA S.
STREET ADDRESS	13953 TENNYSON DR.	13 STREET ADDRESS	14254 TENNYSON DR.
CITY-ST-ZIP	HUDSON, FL 34667	14 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, RAYMOND G.	22 NAME	WILLIAMS, MARJORIE
STREET ADDRESS	14407 BRONTE COURT	23 STREET ADDRESS	14115 TENNYSON DR.
CITY-ST-ZIP	HUDSON, FL 34667	24 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JUNE	32 NAME	MAURER, ROBERT
STREET ADDRESS	8961 BAY POINTE CT.	33 STREET ADDRESS	8524 CORAL CREEK LOOP
CITY-ST-ZIP	HUDSON, FL 34667	34 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOGANIERI, NICHOLAS	42 NAME	
STREET ADDRESS	14432 DIAMOND RIDGE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTER, FRANK	52 NAME	ZANDER, GEORGE
STREET ADDRESS	8956 BAY POINTE CT.	53 STREET ADDRESS	8539 CORAL CREEK LOOP
CITY-ST-ZIP	HUDSON, FL 34667	54 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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: *Nicholas A. Doganieri* Date: 6.20.97 Daytime Phone #: (813) 863-0824

CR2E037 (9/96)