

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30684

1. Entity Name

The ESTATES OF BEACON WOODS GOLF & COUNTRY CLUB
Property Owners Association, INC.

Principal Place of Business Mailing Address

1050A EAST LAKE WOODLANDS PARKWAY
OLDSMAR, FLORIDA 34677

FILED

01 APR 26 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1050A ELW Parkway

3. Mailing Address

1050A ELW Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oldsmar, FL 34677

City & State

Oldsmar, FL 34677

4. FEI Number

59-2975322

Applied For

Not Applicable

Zip

34677

Country

Zip

34677

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Scannavino, Dominick
1050A East Lake Woodlands Parkway
Oldsmar, FL 34677

7. Name and Address of New Registered Agent

Name Scannavino, Dominick
Street Address (P.O. Box Number is Not Acceptable)
1050A East LAKE Woodlands Parkway
City Oldsmar FL Zip Code 34677

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.

SIGNATURE

Dominick Scannavino
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Korch, George	
STREET ADDRESS	13915 Talmage Loop	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Ziegler, Ray	
STREET ADDRESS	14407 Bronte Court	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Stagliano, Frank	
STREET ADDRESS	8921 Kilmer Way	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	TD	<input type="checkbox"/> Delete
NAME	McLaughlin, Marie	
STREET ADDRESS	8853 Kilmer Way	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Tisdale, Eileen	
STREET ADDRESS	8535 Regal Lane	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700004134617--2	
CITY-ST-ZIP	-05/11/01--01006--003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700004134617--2	
CITY-ST-ZIP	-05/11/01--01006--004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	98-01 UBRU	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Raymond A. Gule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01
Date Daytime Phone #

CR2E037 (11/00)