

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90043 011 \*\*\*\*61.25

**DOCUMENT # N30684**  
 1. Entity Name  
**THE ESTATES OF BEACON WOODS GOLF & COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 1050 A EAST LAKE WOODLANDS PARKWAY 1050 A EAST LAKE WOODLANDS PARKWAY  
 OLDSMAR FL 34677 OLDSMAR FL 34677

**24038890**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2975322** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCANNAVINO, DOMINICK**  
**1050 A EAST LAKE WOODLANDS PARKWAY**  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FANNING, TERENCE	
STREET ADDRESS	8409 DANBURY LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, CHARLES	
STREET ADDRESS	8815 KILMER WAY	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BORCHERS, JEANNE	
STREET ADDRESS	14047 TENNYSON DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, MARIE	
STREET ADDRESS	8853 KILMER WAY	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRASCH, DONALD	
STREET ADDRESS	8922 KILMER WAY	
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	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOURGENSEN, MARION	
STREET ADDRESS	14315 SPANISH WELLS DR.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORCH, GEORGE	
STREET ADDRESS	13915 TALMAGE LOOP	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERMELSTEIN, STANLEY	
STREET ADDRESS	14343 TEASDALE AVE	
CITY-ST-ZIP	HUDSON, FL 34667	
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:** *George Paul* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR