

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 17, 2009  
Secretary of State

DOCUMENT# N30684

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

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD.  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-2975322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD.  
OLDSMAR, FL 34677 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: PD ( ) Delete  
Name: HILLMAN, RICHARD  
Address: 8721 POE DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: TD ( ) Delete  
Name: MERMELSTEIN, STANLEY  
Address: 14343 TEASDALE AVE.  
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete  
Name: BALKIN, EDWARD  
Address: 8338 CORAL CREEK LOOP  
City-St-Zip: HUDSON, FL 34667

Title: SD ( ) Delete  
Name: SULLIVAN, WILLIAM  
Address: 14220 TEASDALE AVE.  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: BONIN, KENNETH  
Address: 14253 TENNYSON DRIVE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BALKIN, EDWARD  
Address: 8338 CORAL CREEK LOOP  
City-St-Zip: HUDSON, FL 34667

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

Title: VD (X) Change ( ) Addition  
Name: BONIN, KENNETH  
Address: 14253 TENNYSON DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Change ( ) Addition  
Name: MCFADDEN, JOHN  
Address: 14333 TENNYSON DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change ( ) Addition  
Name: FIGLIUZZI, MICHAEL  
Address: 8741 KIPLING AVENUE  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD BALKIN

PD

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date