

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90982 023 ****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
OLDSMAR FL 34677** **1050 A EAST LAKE WOODLANDS PARKWAY
OLDSMAR FL 34677**



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KORCH, GEORGE	
STREET ADDRESS	13915 TALMAGE LOOP	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ZIEGLER, RAY	
STREET ADDRESS	14407 BRONTE COURT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input checked="" 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 checked="" 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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANNING, TERENCE	
STREET ADDRESS	8409 DANBURY LANE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, CHARLES	
STREET ADDRESS	8815 KILMER WAY	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORCHERS, JEANNE	
STREET ADDRESS	14047 TENNYSON DR	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASCH, DONALD	
STREET ADDRESS	8902 KILMER WAY	
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: *M. Marie McLaughlin* 4/3/03

CR2E037 (10/02)