


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90226 023 \*\*\*\*61.25

<b>DOCUMENT # N38351</b> 1. Entity Name <b>BEACH PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>324 S HYDE PARK AVE STE 210 TAMPA FL 33606 US</b>			Mailing Address <b>PO BOX 320472 TAMPA FL 33679-2472 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARLOWE, STEPHEN 324 S HYDE PARK AVE STE 210 TAMPA FL 33606</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>Chet B66</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, CATHERINE E		NAME		
STREET ADDRESS	208 S TRASK		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, BARBARA		NAME		
STREET ADDRESS	108 S. HUBERT ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIZZI, MARGARET		NAME		
STREET ADDRESS	213 S. SHERRILL ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TARCZA, FRED		NAME	Director	
STREET ADDRESS	5206 NEPTUNE WAY		STREET ADDRESS	LEON GOLDENBERG	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP	444 SWAN CIRCLE TAMPA, FLORIDA 33609	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, LISA		NAME		
STREET ADDRESS	4310 W BEACH WAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, DAVID		NAME		
STREET ADDRESS	202 S. O'BRIEN ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		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.					
<b>SIGNATURE:</b> <u><i>Barbara Hudson</i></u> <b>BARBARA HUDSON TREASURER</b> <u><i>2/14/05</i></u> <u><i>813-287-8833</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					