

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43882

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** BEACON WOODS GOLF MEDITERRANEAN VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JOAN D. KELLER  
7501 MEDITERRANEAN COURT  
HUDSON, FL 34667

**New Principal Place of Business:**

5837 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P.O. BOX 7256  
7508 MEDITERRANEAN COURT  
HUDSON, FL 34674

**New Mailing Address:**

5837 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3076069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RENKE, JOHN K II  
7637 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 US

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

COMMUNITY MANAGEMENT SERVICES  
5837 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

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: KIM JOHNSON

04/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLER, JOAN  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S  
Name: GABELL, JULIE  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: ARCARI, EDWARD  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP  
Name: KOKOTT, GUDRUN  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T  
Name: MEIFERT, KENNETH  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: KIM JOHNSON

RA

04/14/2010

Electronic Signature of Signing Officer or Director

Date