

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **N93000003716 (8)**

**BEACH PARKWAY PENINSULA ASSOCIATION, INC.**

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Location <b>4001 SOUTHEAST 19TH PLACE UNIT B-2 CAPE CORAL FL 33904</b>		2a. Mailing Address <b>P O BOX 794 CAPE CORAL FL 33910 US</b>		3. Date Incorporated or Qualified <b>08/13/1993</b>	3a. Date of Last Report <b>01/27/1994</b>
2. Principal Office Location <b>21</b>		2a. Mailing Address <b>26</b>		4. F.I.I. Number <b>65-0406653</b>	Applied For <input type="checkbox"/> Not Applicable
22. State App. # only		27. State App. # only		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip		25. Country		29. Zip	30. Country
23. City & State		28. City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
24. Zip		25. Country		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MATSON, WILLIAM 4001 SOUTHEAST 19TH PLACE UNIT B-2 CAPE CORAL FL 33904</b>				10. Name and Address of New Registered Agent			
				81. Name <b>no change</b>			
				82. Mailing Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 602 and 603, 190A, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am further with and accept the obligations of Section 602, 603B, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ALTERNATE OFFICERS AND DIRECTORS	
OFFICER	<b>P GIORDANO, FRANK V 4021 SE 19 PL, UNIT 205 CAPE CORAL FL</b>	OFFICER	<b>President &amp; director * Change <input type="checkbox"/> Addition</b>
OFFICER	<b>VP MATSON, WILLIAM 4001 SE 19 PL, UNIT B2 CAPE CORAL FL</b>	OFFICER	<b>Georgianna Anyzeski 4006 S.E. 20th Pl., Unit A-3 Cape Coral, FL 33904</b>
OFFICER	<b>ST ANYZESKI, GEORGIANNA 4006 SE 20 PL, UNIT A3 CAPE CORAL FL</b>	OFFICER	<b>Vice President &amp; director * Change <input type="checkbox"/> Addition</b>
OFFICER		OFFICER	<b>Treasurer &amp; director * Change <input type="checkbox"/> Addition</b>
OFFICER		OFFICER	<b>Paul Neighbors 1639 Beach Pkwy., Unit 203 Cape Coral, FL 33904</b>
OFFICER		OFFICER	<b>Asst. Treasurer &amp; director * Change <input checked="" type="checkbox"/> Addition</b>
OFFICER		OFFICER	<b>Barbara Corrigan 4021 S.E. 19th Ave., Unit 201 Cape Coral, FL 33904</b>
OFFICER		OFFICER	<b>Secretary &amp; director * Change <input type="checkbox"/> Addition</b>
OFFICER		OFFICER	<b>Joy Springer 4006 S.E. 20th Pl., Unit C-2 Cape Coral, FL 33904</b>

14. I hereby certify that the information supplied with this filing is a true and correct statement and that, not in violation of the provisions of Section 199.032, Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 199, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report, or on an attached form with an address.

SIGNATURE: *Paul J Neighbors* **PAUL J NEIGHBORS** 4-28-95 813-542-4517  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR