

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003716 (8)
 1. Corporation Name

BEACH PARKWAY PENINSULA ASSOCIATION, INC.



Principal Place of Business 4001 SOUTHEAST 19TH PLACE UNIT B-2 CAPE CORAL FL 33904	Mailing Address P O BOX 794 CAPE CORAL FL 33910 US
--	--

21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Country
24	25
29	30

3 Date Incorporated or Qualified 06/13/1993	3a Date of Last Report 05/01/1995
4 FEI Number 65-0406653	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MATSON, WILLIAM
4001 SOUTHEAST 19TH PLACE
UNIT B-2
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEIGHBORS, PAUL	
STREET ADDRESS	1639 BEACH PKWY #203	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MATSON, WILLIAM	
STREET ADDRESS	4001 SE 19 PL, UNIT B2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANYZESKI, GEORGIANNA	
STREET ADDRESS	4006 SE 20 PL, UNIT A3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	CORRIGAN, BARBARA	
STREET ADDRESS	4021 SE 19TH AVE #201	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPRINGER, JOY	
STREET ADDRESS	4006 SE 20TH PL #C2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Matson **WILLIAM MATSON** 6/10/96 941-549-7951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)