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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33910-0794 US

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 06/13/1996

| | | | |
|--------------------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0406653 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| MATSON, WILLIAM 4001 SOUTHEAST 19TH PLACE UNIT B-2 CAPE CORAL FL 33904 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEIGHBORS, PAUL | 1.2 NAME | |
| STREET ADDRESS | 1639 BEACH PKWY #203 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATSON, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 4001 SE 19 PL, UNIT B2 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANYZESKI, GEORGIANNA | 3.2 NAME | |
| STREET ADDRESS | 4006 SE 20 PL, UNIT A3 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 3.4 CITY-ST-ZIP | |
| TITLE | ATD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORRIGAN, BARBARA | 4.2 NAME | |
| STREET ADDRESS | 4021 SE 19TH AVE #201 | 4.3 STREET ADDRESS | 510 BROWN ROBERT 1908 S.E. 43rd Street Unit 108 |
| CITY-ST-ZIP | CAPE CORAL FL | 4.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPRINGER, JOY | 5.2 NAME | |
| STREET ADDRESS | 4006 SE 20TH PL #02 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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: *Paul Neighbors, Treasurer* 941/542-4517

CR2E037 (9/96)