

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0085021

DOCUMENT # N93000003716

03-19-2001 90027 046 ****61.25

1. Entity Name

BEACH PARKWAY PENINSULA ASSOCIATION, INC.

LU034705



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0406653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATSON, WILLIAM 4001 SOUTHEAST 19TH PLACE UNIT B-2 CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name: ERA Heritage Realty Inc. Street Address (P.O. Box Number is Not Acceptable): 10 Beach Parkway Peninsula 4226 Del Prado Blvd City: Cape Coral FL Zip Code: 33904
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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.

SIGNATURE: *Thamarie Pierre, Man.* DATE: *3/16/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Delete NAME: NEIGHBORS, PAUL STREET ADDRESS: 1705 BEACH PRKY #106 CITY-ST-ZIP: CAPE CORAL FL 33904		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Betty matson STREET ADDRESS: 4001 SE 19th PL Unit B2 CITY-ST-ZIP: CAPE CORAL FL 33904	
TITLE: <input type="checkbox"/> Delete NAME: MATSON, WILLIAM STREET ADDRESS: 4001 SE 19 PL, UNIT B2 CITY-ST-ZIP: CAPE CORAL FL		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Paul Longo STREET ADDRESS: 1907 SE 40th Ter CITY-ST-ZIP: CAPE CORAL, FL 33904	
TITLE: <input type="checkbox"/> Delete NAME: PD ANYZESKI, GEORGIANNA STREET ADDRESS: 4006 SE 20 PL, UNIT A3 CITY-ST-ZIP: CAPE CORAL FL		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: T WALLACE, VALERIE STREET ADDRESS: 4001 SE 19 PLACE, B1 CITY-ST-ZIP: CAPE CORAL FL		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: *Thamarie Pierre, Man.* DATE: *3/16/01* DAYTIME PHONE #: *941-542-8722*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2B7 (10/00)