

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90004 031 ****61.25

DOCUMENT # N93000003716

1. Entity Name

BEACH PARKWAY PENINSULA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4001 SOUTHEAST-19TH PLACE
 UNIT B-2
 CAPE CORAL FL 33904

P O BOX 794
 CAPE CORAL FL 33910
 US

2. Principal Place of Business

4006 SE 20th Pl.

3. Mailing Address

PO Box 794

Suite, Apt. #, etc.

A-3

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

U.S.

Zip

33910

Country

U.S.

4. FEI Number

65-0406653

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RA HERITAGE REALTY INC
 % BEACH PARKWAY PENINSULA
 4226 DEL PRADO BLVD
 CAPE CORAL FL 33904

Name

Georgianna Anyzeski, Pres.

Street Address (P.O. Box Number is Not Acceptable)

4006 SE, 20th Pl. Condo A-3

Cape Coral,

City

FL

Zip Code

33904

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

Georgianna Anyzeski, Pres. of Beach Parkway Peninsula Assoc. Inc.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANYZESKI, GEORGIANNA	
STREET ADDRESS	4006 SE 20 PL, UNIT A3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALLACE, VALERIE	
STREET ADDRESS	4001 SE 19 PLACE, B1	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATSON, BETTY	
STREET ADDRESS	4001 SE 19TH PL UNIT B2	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGO, PAUL	
STREET ADDRESS	1907 SE 40TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anyzeski, Georgianna	
STREET ADDRESS	4006 SE 20th Pl. Condo A-3	
CITY-ST-ZIP	Cape Coral, FL, 33904	
TITLE	M.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matson, Betty	
STREET ADDRESS	4001 SE 19th Pl. Condo B-2	
CITY-ST-ZIP	Cape, Coral, FL. 33904	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otepka Otto	
STREET ADDRESS	4229 SE 19th Ave	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klocker, Jo-Ann	
STREET ADDRESS	1712 Beach Pkwy Condo A-8	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Georgianna Anyzeski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

CR2E037 (9/01)