


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 041 ****61.25

DOCUMENT # N93000003716			
1. Entity Name BEACH PARKWAY PENINSULA ASSOCIATION, INC.			
Principal Place of Business 4005 S.E. 19TH PLACE B-10 CAPE CORAL, FL 33904 US		Mailing Address P.O. BOX 100794 CAPE CORAL, FL 33910-0700 US	
2. Principal Place of Business 4115 SE 18TH PLACE Suite, Apt. #, etc. #201 City & State CAPE CORAL, FL Zip 33904 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
03022004 Chg-NP		CR2E037 (10/03)	
4. FEI Number 65-0406653		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANYZESKI, GEORGIANNA PRES 4006 SE 20TH PLACE CONDO A-3 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name WALSH, GEORGENE PRES Street Address (P.O. Box Number is Not Acceptable) 4115 S.E. 18TH PLACE, #201 City CAPE CORAL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Georgene Walsh, Pres. (GEORGENE WALSH)</u> DATE <u>3/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, ROBERT 4005 S.E. 19TH PLACE, #B-10 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, GEORGENE 4115 SE 18TH PLACE, #201 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PITTINGER, RUSSEL 4116 S.E. 19TH AVE #101A CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWK, RICHARD 4260 SE 20TH PLACE, #408 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWK, RICHARD 4260 S.E. 20TH PLACE #408 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOEKER, JO ANN 1712 BEACH PARKWAY CONDO A-8 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PAT 4244 S.E. 20TH PLACE #116 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, JOHN 1729 BEACH PARKWAY, #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, GEORGENE 4115 S.E. 18TH PLACE #201 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSCIA, CARMEN 1808 BEACH PARKWAY, #203 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLOEKER, JO ANN 1712 BEACH PARKWAY CONDO A-8 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEILER, ALBERT F. 1741 BEACH PARKWAY, #210 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" 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: <u>Georgene Walsh, Pres. (GEORGENE WALSH)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3/8/04</u> DAYTIME PHONE: <u>239-542-7696</u>	