


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003716

1. Entity Name
BEACH PARKWAY PENINSULA ASSOCIATION, INC.



Principal Place of Business
 4115 S.E. 18TH PLACE
 201
 CAPE CORAL, FL 33904 US

Mailing Address
 P.O. BOX 100794
 CAPE CORAL, FL 33910-0700 US



DO NOT WRITE IN THIS SPACE

03232005 No Chg-NP CR2E037 (10/03)

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

WALSH, GEORGENE
4115 SE 18TH PLACE
201
CAPE CORAL, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Georgene Walsh* (NOTE: Registered Agent signature required when reinstating)

DATE: 3/23/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, JOHN 1729 BEACH PARKWAY #204 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSCIA, CARMEN 1808 BEACH PARKWAY, #203 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWK, RICHARD 4260 S.E. 20TH PLACE #408 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEILER, ALBERT F 1741 BEACH PARKWAY #210 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, GEORGENE 4115 S.E. 18TH PLACE #201 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOEKER, JO ANN 1712 BEACH PARKWAY CONDO A-8 CAPE CORAL, FL 33904

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 04/07/05-80075-003 61.25

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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: *Georgene Walsh* **PR35/GEORGENE WALSH** 3/23/05 239-542-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #