

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003716

FILED
Apr 25, 2007
Secretary of State

Entity Name: BEACH PARKWAY PENINSULA ASSOCIATION, INC.

Current Principal Place of Business:

4115 S.E. 18TH PLACE
201
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100794
CAPE CORAL, FL 339100700 US

New Mailing Address:

FEI Number: 65-0406653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, GEORGENE
4115 SE 18TH PLACE
201
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GEIGER, JOHN
Address: 1729 BEACH PARKWAY #204
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: COSCIA, CARMEN
Address: 1808 BEACH PARKWAY, #203
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HAWK, RICHARD
Address: 4260 S.E. 20TH PLACE #408
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: WEILER, ALBERT F
Address: 1741 BEACH PARKWAY #210
City-St-Zip: CAPE CORAL, FL 33904

Title: P () Delete
Name: WALSH, GEORGENE
Address: 4115 S.E. 18TH PLACE #201
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: KLOEKER, JO ANN
Address: 1712 BEACH PARKWAY CONDO A-8
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGENE WALSH

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date