

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90166 045 \*\*\*\*61.25

DOCUMENT # **N93000003716**

1. Entity Name  
**BEACH PARKWAY PENINSULA ASSOCIATION, INC.**



Principal Place of Business  
**4006 SE 20TH PLACE  
A-3  
CAPE CORAL FL 33904**

Mailing Address  
**P O BOX 100794  
CAPE CORAL FL 33910  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4005 S.E. 19TH PL.  
Suite, Apt. #, etc. **B-10****

3. Mailing Address  
**P.O. Box 100794  
Suite, Apt. #, etc.**

City & State  
**Cape Coral, FL.**

City & State  
**Cape Coral, FL.**

Zip  
**33904**

Country  
**Lee**

Zip  
**33904**

Country  
**Lee**

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  
**ANYZESKI, GEORGIANNA PRES  
4006 SE 20TH PLACE  
CONDO A-3  
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: **Jo Ann Kloeker - Treasurer - Jo Ann Kloeker** **1-30-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANYZESKI, GEORGIANNA</b>	
STREET ADDRESS	<b>4006 SE 20 PL, UNIT A3</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALLACE, VALERIE</b>	
STREET ADDRESS	<b>4001 SE 19 PLACE, B1</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MATSON, BETTY</b>	
STREET ADDRESS	<b>4001 SE 19TH PL UNIT B2</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONGO, PAUL</b>	
STREET ADDRESS	<b>1907 SE 40TH TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OTEPKA, OTTO</b>	
STREET ADDRESS	<b>4229 SE 19TH AVE.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KLOGKER, JO-ANN</b>	
STREET ADDRESS	<b>1712 BEACH PARKWAY CONDO A-8</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Campbell</b>	
STREET ADDRESS	<b>4005 S.E. 19TH Place # B-10</b>	
CITY-ST-ZIP	<b>Cape Coral FL 33904</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Russel Pittinger</b>	
STREET ADDRESS	<b>4116 S.E. 19TH Ave #101A</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Hawk</b>	
STREET ADDRESS	<b>4260 S.E. 20TH Pl. # 408</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pat Thompson</b>	
STREET ADDRESS	<b>4244 S.E. 20th Pl. # 116</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Georgene Walsh</b>	
STREET ADDRESS	<b>4115 S.E. 18TH Pl. # 201</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jo Ann Kloeker</b>	
STREET ADDRESS	<b>1712 Beach Parkway # A-8</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	

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: **Jo Ann Kloeker** **1-30-03** **239-549-7637**

CR2E037 (10/02)