

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000090

FILED
Feb 10, 2009
Secretary of State

Entity Name: BEECHWOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRESIDENTIAL GROUP SOUTH
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

C/O PRESIDENTIAL GROUP SOUTH
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3308143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTWOOD-PHILLIPS, INC
1350 ORANGE AVENUE
SUITE 100
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

PRESIDENTIAL GROUP SOUTH
135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

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: ANTHONY GUADAGNINO

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMRHIEN, DEANNE
Address: 3097 FLORAL WAY EAST
City-St-Zip: APOPKA, FL 32703

Title: STD () Delete
Name: LANGE, JAMES
Address: 3077 FLORAL WAY EAST
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: TUREOTTE, JOHN
Address: 3160 FLORIAL WAY EAST
City-St-Zip: APOPKA, FL 32703

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:

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: DEANNE AMRHIEN

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date