


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90043 040 ****61.25

DOCUMENT # N95000003447	
1. Entity Name	
BEACON WOODS EAST - VILLIAGES 16 & 17 ASSOCIATION, INC	

Principal Place of Business	Mailing Address
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668	10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-3376215	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
QUALIFIED PROPERTY MANAGMENT, INC 10730 U.S 19 SUITE 17 PORT RICHEY FL 34668

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDS, RON	NAME	
STREET ADDRESS	14024 SHOAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKINGHAM, JOYCE	NAME	
STREET ADDRESS	14032 SHOAL DR	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSACK, MICHAEL	NAME	Connor, Robert
STREET ADDRESS	14051 SHOAL DRIVE	STREET ADDRESS	14105 Roller Lane
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	Hudson, FL
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DAVID	NAME	
STREET ADDRESS	14013 SHOAL DR	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, DAPHNE	NAME	
STREET ADDRESS	14114 SHOAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Daphne M. Mullins* DAPHNE M. MULLINS 3/29/05 727-861-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #