

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000003447			
1. Entity Name BEACON WOODS EAST - VILLIAGES 16 & 17 ASSOCIATION, INC			
Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668		Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206		City & State Oldsmar, FL 34677	
Zip		Country	
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 Scannavino, Inc. Street 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677 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 <i>Domènec Scannavino</i>		DATE 4-17-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME REEDS, RON STREET ADDRESS 14024 SHOAL DRIVE CITY-ST-ZIP BAYONET POINT, FL	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BUCKINGHAM, JOYCE STREET ADDRESS 14032 SHOAL DR CITY-ST-ZIP HUDSON, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME CUSACK, DORIS STREET ADDRESS 14051 SHOAL DR. CITY-ST-ZIP HUDSON, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME CONNOR, ROBERT STREET ADDRESS 14105 ROLLER LANE CITY-ST-ZIP HUDSON, FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME LAWRENCE, GUS STREET ADDRESS 14207 WHITECAP AVE. CITY-ST-ZIP HUDSON, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME NELSON, DAVID STREET ADDRESS 14013 SHOAL DR CITY-ST-ZIP HUDSON, FL	<input type="checkbox"/> Delete	000099271610 04/30/07--01007--014 **297.50	
TITLE PD NAME MULLINS, DAPHNE STREET ADDRESS 14114 SHOAL DRIVE CITY-ST-ZIP HUDSON, FL	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Gus Lawrence</i>		DATE 04/13/07	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
 07 APR 19 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02/02/07 REINSTATEMENT FOR 2009 (1107)

REINSTATEMENT

4. FEI Number 59-3376215 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required