

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90012 029 ****61.25

DOCUMENT # N95000003447

1. Entity Name
**BEACON WOODS EAST - VILLAGES 16 & 17
ASSOCIATION, INC**



40046696

Principal Place of Business
**720 BROOKER CREEK BLVD., #206
OLDSMAR, FL 34677**

Mailing Address
**720 BROOKER CREEK BLVD., #206
OLDSMAR, FL 34677**



01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3376215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO, INC.
720 BROOKER CREEK BLVD., #206
OLDSMAR, FL 34677**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REEDS, RON
STREET ADDRESS 14024 SHOAL DRIVE
CITY-ST-ZIP BAYONET POINT, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME CUSACK, DORIS
STREET ADDRESS 14051 SHOAL DR
CITY-ST-ZIP HUDSON, FL 34667

TITLE SD ☐ Change ☒ Addition
NAME GUDAVICH, JOHN
STREET ADDRESS 14052 SHOAL DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE VD ☐ Delete
NAME LAWRENCE, GUS
STREET ADDRESS 14207 WHITECAP AVENUE
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME NELSON, DAVID
STREET ADDRESS 14013 SHOAL DR
CITY-ST-ZIP HUDSON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MULLINS, DAPHNE
STREET ADDRESS 14114 SHOAL DRIVE
CITY-ST-ZIP HUDSON, FL

TITLE D ☐ Change ☒ Addition
NAME CUSACK, MICHAEL
STREET ADDRESS 14051 SHOAL DRIVE
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Ronald G. Neely - PRESIDENT

FEB 27, 2008 727.869.8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #