# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# N95000003447

**Entity Name:** BEACON WOODS EAST - VILLIAGES 16 & 17 ASSOCIATION, INC

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD., #206
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD., #206
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number: 59-3376215** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: REEDS, RON
Address: 14024 SHOAL DRIVE
City-St-Zip: BAYONET POINT, FL

Title: SD ( ) Delete
Name: GUDAVICH, JOHN
Address: 14052 SHOAL DR
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: LAWRENCE, GUS
Address: 14207 WHITECAP AVENUE
City-St-Zip: HUDSON, FL 34667

Title: TD ( ) Delete
Name: NELSON, DAVID
Address: 14013 SHOAL DR
City-St-Zip: HUDSON, FL

Title: D ( ) Delete
Name: CUSACK, MICHAEL
Address: 14051 SHOAL DRIVE
City-St-Zip: HUDSON, FL 34667

**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:

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: RONALD REEDS PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date