

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003247

**Entity Name:** BEACON LAKES PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9542793973**

**Current Principal Place of Business:**

8355 NW 12TH STREET  
SUITE 108  
DORAL, FL 33126

**Current Mailing Address:**

4545 AIRPORT WAY  
ATTN: LEGAL DEPT.  
DENVER, CO 80239 US

**FEI Number:** 20-5743674

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DS  
Name CRONIN, LORI  
Address 8355 NW 12TH STREET  
SUITE 108  
City-State-Zip: DORAL FL 33126

Title DVPT  
Name HARVEY, TRAVIS  
Address 8355 NW 12TH STREET  
SUITE 108  
City-State-Zip: DORAL FL 33126

Title DP  
Name GREGORY, SCOTT  
Address 8355 NW 12TH STREET  
SUITE 108  
City-State-Zip: DORAL FL 33126

*I hereby 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 all other like empowered.*

**SIGNATURE:** LORI CRONIN

**SECRETARY**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date