

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000003247

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

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**0606915868CC**

**Current Principal Place of Business:**

1800 WAZEE STREET, SUITE 500  
ATTN: LEGAL DEPT.  
DENVER, CO 80202

**Current Mailing Address:**

1800 WAZEE STREET, SUITE 500  
ATTN: LEGAL DEPT.  
DENVER, CO 80202 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           DIRECTOR, VP  
Name           CAMBAS RIGGS, MARGARITA  
Address       8355 NW 12TH STREET  
                  SUITE 108  
City-State-Zip: DORAL FL 33126

Title           DIRECTOR, TREASURER  
Name           MEGREW, KARLEY  
Address       8355 NW 12TH STREET  
                  SUITE 108  
City-State-Zip: DORAL FL 33126

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

Title           SECRETARY  
Name           MENENDEZ, LESLIE  
Address       8355 NW 12TH STREET  
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: KARLEY MEGREW**

**TREASURER**

**02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date