

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

DOCUMENT# N93000003716

**FILED  
Mar 30, 2019  
Secretary of State  
9551385304CC**

**Entity Name:** BEACH PARKWAY PENINSULA ASSOCIATION, INC.

**Current Principal Place of Business:**

1718 BEACH PARKWAY  
APT B12  
CAPE CORAL, FL 33904

**Current Mailing Address:**

P.O. BOX 100794  
CAPE CORAL, FL 33910 US

**FEI Number:** 65-0406653

**Certificate of Status Desired:** No

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

HOLT, NORA  
1718 BEACH PARKWAY  
APT B12  
CAPE CORAL, FL 33904 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:** NORA HOLT

03/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLASH, SALLY  
Address        1639 BEACH PARKWAY  
                  APT 202  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            BEAUDRY, SUSAN  
Address        4260 SE 20TH PLACE  
                  APT 404  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            MATURSKI, MICHELE  
Address        1540 BEACH PARKWAY  
                  APT 203  
City-State-Zip: CAPE CORAL FL 33904

Title            TREASURER  
Name            HOLT, NORA  
Address        1718 BEACH PARKWAY  
                  APT B12  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            LARSON, CORRINE  
Address        4280 SE 20TH PLACE  
                  APT 807  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            HOLT, THOMAS  
Address        1718 BEACH PARKWAY  
                  APT B12  
City-State-Zip: CAPE CORAL FL 33904

*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:** NORA HOLT

**TREASURER**

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date