

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003716

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC1212913128**

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

**Current Principal Place of Business:**

4019 SE 20TH PL  
502  
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:**

SQUILLACE, RITA  
4019 SE 20TH PLACE  
502  
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:** RITA SQUILLACE

01/31/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name SQUILLACE, RITA  
Address 4019 SE 20TH PLACE #502  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name WALSH, GEORGENE  
Address 4115 SE 18TH PLACE  
201  
City-State-Zip: CAPE CORAL FL 33904

Title P  
Name HAWK, RICHARD  
Address 4260 S.E. 20TH PLACE #408  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name WALSH, GEORGENE  
Address 4115 S.E. 18TH PLACE #201  
City-State-Zip: CAPE CORAL FL 33904

Title S  
Name DUNCAN, HOLLY  
Address 4021 SE 19TH PLACE  
206  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name MILEY, BILL  
Address 4260 SE 20TH PL #207  
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:** RITA SQUILLACE

**TREASURER**

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date