

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003716

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC0445079617**

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

**Current Principal Place of Business:**

1718 BEACH PARKWAY  
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:** Yes

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

HOLT, NORA  
1718 BEACH PARKWAY  
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

01/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            BEAUDRY, SUSAN  
Address        4260 SE 20TH PLACE  
                  404 RIVER TOWERS WEST  
City-State-Zip: CAPE CORAL FL 33904

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

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

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

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

Title            DIRECTOR  
Name            WEILER, AL  
Address        1741 BEACH PARKWAY  
                  210  
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

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date