

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **726441** (9)

1. Corporation Name  
**BEACON MANOR CONDOMINIUM INC.**



Principal Place of Business: **822 GALIANO #4 CORAL GABLES FL 33134 US**  
Mailing Address: **730 CORAL WAY SUITE 304 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **05/18/1973**  
3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business: **21 104 ANTIQUERA #6**  
2a. Mailing Address: **26 104 ANTIQUERA #6**

4. FEI Number: **59-1672459**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **28 CORAL GABLES FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33134** 25. Country: **29 33134** 30. Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BRODERICK, MARIA E.  
104 ANTIQUERA AVENUE APT. 7  
APT. 304  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: **MARIA E. BRODERICK**  
82 Street Address (P.O. Box Number is Not Acceptable): **104 ANTIQUERA Ave.**  
83 **APT # 7**  
84 City: **CORAL GABLES FL** 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | URIZ, SERGIO                        | 1.2 NAME  | BERNSTEIN, SYLVIA  |
| STREET ADDRESS             | 104 ANTIQUERA AVENUE APT. 6         | 1.3 STREET ADDRESS                                    | 613 OCEAN DR APT 11-C  |
| CITY-ST-ZIP                | CORAL GABLES FL                     | 1.4 CITY-ST-ZIP                                       | KEY BISCAIYNE, FL  |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERNSTEIN, SYLVIA                   | 2.2 NAME  | BRODERICK, MARIA E   |
| STREET ADDRESS             | 613 OCEAN DR.,APT. 11-C             | 2.3 STREET ADDRESS                                    | 104 ANTIQUERA AVE APT 7  |
| CITY-ST-ZIP                | KEY BISCAIYNE FL                    | 2.4 CITY-ST-ZIP                                       | CORAL GABLES FL  |
| TITLE                      | STD <input type="checkbox"/> DELETE | 3.1 TITLE   | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRODERICK, MARIA E.                 | 3.2 NAME  | RUIZ, SERGIO   |
| STREET ADDRESS             | 104 ANTIQUERA AVENUE APT. 7         | 3.3 STREET ADDRESS                                    | 104 ANTIQUERA AVE APT 6  |
| CITY-ST-ZIP                | CORAL GABLES FL                     | 3.4 CITY-ST-ZIP                                       | CORAL GABLES FL  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria E. Broderick Date: 4/10/96 Daytime Phone #: 443-5175

CR2E037 (12/95)