# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 07, 2000 8:00 am**
**Secretary of State**
07-07-2000 90402 006 ****61.25

DOCUMENT # 726441

1. Entity Name

BEACON MANOR CONDOMINIUM INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 824 Galiano<br>Coral Gables, FL 33134 | PO Box 3123<br>Coral Gables, FL 33114 |

00067367

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 824 Galiano | Suite, Apt. #, etc.: PO Box3123 |
| City & State: Coral Gables, FL | City & State: Coral Gables, FL |
| Zip: 33134 Country: USA | Zip: 33114 Country: USA |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Maria Broderick<br>104 Antiquera Ave., Apt 7<br>Coral Gables, FL 33134 | Name: Butler Waugh<br>Street Address (P.O. Box Number is Not Acceptable): 824 Galiano<br>City: Coral Gables FL Zip Code: 33134 |

8. 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: B. Waugh PD — 6/6/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Butler Waugh

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Maria Broderick<br>104 Antiquera Ave #7<br>Coral Gables, FL 33134 | ☐ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Butler Waugh<br>824 Galiano<br>CoralGables, FL 33134 | ☐ Change ☐ Addition XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Maria Fernandez<br>104 Antiquera Ave #2<br>Coral Gables, FL 33134 | ☐ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>Sylvia Bernstein<br>613 Ocean Drive #11-C<br>Key Biscayne, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / STREET ADDRESS / ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Waugh PD Butler Waugh — 6/6/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

NONPROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 726441**

Attachment
D00736?
DH 786411

1. Corporation Name

**BEACON MANOR CONDOMINIUM INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 824 GALIANO<br>CORAL GABLES, FL, 33134 | 824 GALIANO<br>CORAL GABLES, FL 33134 |

[redacted]

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 | 26 | 05/18/1973 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number: 59-1672459 — Applied For / Not Applicable |
| 23 City & State | 28 City & State | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| | 31 Name |
| | 32 Street Address (P.O. Box Number is Not Acceptable) |
| | 33 |
| | 34 City FL 35 Zip Code |

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 B. Waugh. PD — 04-26-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
| PD<br>BRODERICK, MAIAM<br>104 ANTIQUERA AVE, #7<br>CORAL GABLES FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP<br>PD<br>BUTLER WAUGH<br>824 GALIANO<br>CORAL GABLES, FL, 33134<br>☐ Change ☒ Addition |
| PD<br>BERNSTEIN, SYLVIA<br>613 OCEAN DR. APT. 11-C<br>KEY BISCAYNE FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| STD<br>BERNSTEIN, SYLVIA<br>613 OCEAN DR. APT 11-C<br>KEY BISCAYNE FL 33149 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| VPD<br>GONZALEZ, JOSEPHINE<br>104 ANTIQUERA AVE. #6<br>CORAL GABLES FL 33134 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| VPD<br>MARIA FERNANDEZ<br>104 ANTIQUERA, #2<br>C. G., FL, 33134 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 above, or on an attachment with an address.

B. Waugh — 04-26-00