

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726895 (6)

1. Corporation Name
BEACON 21 CONDOMINIUM "F" ASSOCIATION, INC.



Principal Place of Business 1511 NE 12TH TERR. BEACON 21. JENSEN BEACH FL 34957	Mailing Address 1511 NE 12TH TERR. BEACON 21. JENSEN BEACH FL 34957-5684
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3. Date Incorporated or Qualified 07/09/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1943 NE Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 2059 Suite, Apt. #, etc.
22 City & State Jensen Beach FL	27 City & State Stuart FL
23 Zip 34957 Country USA	28 Zip 34995 Country USA

4. FEI Number 59-1514577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JUDITH A. KENNEY 1943 NE DIXIE HWY JENSEN BEACH FL 33457-	10. Name and Address of New Registered Agent 81 Name Kathleen Kenney 82 Street Address (P.O. Box Number is Not Acceptable) 1943 NE Dixie Hwy 83 84 City Jensen Beach FL 85 Zip Code 34957
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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 *Kathleen Kenney* **Kathleen Kenney** **4-7-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT DIETZ	
STREET ADDRESS	1511 NE 12TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVEWITZ, EDW.	
STREET ADDRESS	1511 NE 12TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SWENSEN, EVELYN	
STREET ADDRESS	1511 NE 12TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEARY, VERONICA	
STREET ADDRESS	1511 NE 12TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEOD, CHARLES J	
STREET ADDRESS	1511 NE 12TH TERR., F16	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Daniel Rosetty		
1.3 STREET ADDRESS	1511 NE 12th Terrace		
1.4 CITY-ST-ZIP	Jensen Beach FL 34957		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Valentino Williams		
2.3 STREET ADDRESS	1511 NE 12th Terrace		
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

SIGNATURE *[Signature]* **[Name]** **[Address]** **[City, State, Zip]** **561-**