

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/1.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90079 026 \*\*\*\*61.25

**DOCUMENT # 726895**

1. Entity Name

**BEACON 21 CONDOMINIUM "F" ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1274 NE BUSINESS PARK PL  
 JENSEN BEACH FL 34957  
 US

P.O. BOX 65  
 JENSEN BEACH FL 34958

2. Principal Place of Business

3. Mailing Address

666 NE DIXIE HWY  
 Suite, Apt. #, etc.

P.O. Box 193  
 Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

4. FEI Number

59-1514577

Applied For

Not Applicable

Zip

34957

Country

MARTIN

Zip

34958

Country

MARTIN

5. Certificate of Status Desired

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

FORTE, LORRAINE H  
 1274 NE BUSINESS PARK PL  
 JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name: JOSEPH JAKAB  
 Street Address (P.O. Box Number is Not Acceptable): 666 NE DIXIE HWY  
 City: JENSEN BEACH FL  
 Zip Code: 34958

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: Joseph Jakab - JOSEPH JAKAB DATE: 2/7/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLEOD, CHARLES J	
STREET ADDRESS	1511 NE 12TH TERRACE, F16	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSETTY, DANIEL	
STREET ADDRESS	1511 NE 12TH TERRACE, F7	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCLEOD, GLORIA I	
STREET ADDRESS	1511 NE 12TH TERRACE, F16	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERHAM, ELEANOR	
STREET ADDRESS	1511 NE 12TH TERRACE, F13	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VALENTINO	
STREET ADDRESS	1511 NE 12TH TERRACE, F5	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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: SIGNATURE REQUIRED Charles J. McLeod Date: 3/6/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)