

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727687 (6)
1. Corporation Name
BEACON 21 CONDOMINIUM "E" ASSOCIATION, INC.

Principal Place of Business Mailing Address
1510 NE 12TH TERRACE 1510 NE 12TH TERRACE
JENSEN BEACH FL 34957-5656 JENSEN BEACH FL 34957-5656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1973 3a. Date of Last Report 04/25/1994
4. FEI Number 59-1514569 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1510 NE 12th TERRACE 26 PO BOX 3385
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 JENSEN BEACH, FL 28 STUART, FL
Zip Country Zip Country
24 34957 25 MARTIN 29 34995 30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MGMT
3125 SW MAPP RD.
PALM CITY FL 33490

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LYKOWSKI, GEORGE	1.2 NAME	
STREET ADDRESS	1510 NE 12TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEARY, HAROLD	2.2 NAME	
STREET ADDRESS	1510 NE 12TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, NORMA	3.2 NAME	
STREET ADDRESS	1510 NE 12TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(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 in an attached memorandum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #