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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 727687

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

Principal Place of Business	Mailing Address
1510 NE 12TH TERRACE JENSEN BEACH FL 34957 US	P O BOX 3385 STUART FL 34995 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified
10/08/1973

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

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MGMT
7601 SW LOST RIVER ROAD
STUART FL 34997
LC S

10. Name and Address of New Registered Agent

81 Name: BRISTOL MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable): 103 S. US HWY 1 # FS-135
83 JUPITER, FL 33477
84 City: FL 85 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: [signature] (BRISTOL MANAGEMENT - MANAGER/AGENT) DATE: 4/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, PAT		1.2 NAME		
STREET ADDRESS	1510 NE 12TH TERRACE E-2		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	ALL SAME	☐ Change ☐ Addition
NAME	STATT, MARGE		2.2 NAME		
STREET ADDRESS	1510 NE 12TH TERRACE 3-13		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELSH, NORM		3.2 NAME		
STREET ADDRESS	1510 NE 12TH TERRACE E-5		3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] FURE REQUIRED 2/17/99 334-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #