2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90484 001 ****61.25

DOCUMENT # 727687

1. Entity Name

Beacon 21 Condo Assoc. - Phase E

Principal Place of Business	Mailing Address
P.O. Box 1635 Jensen Beach, FL 34958	P.O. Box 1635 Jensen Beach, FL 34958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1514569 ☐ 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

Name: Bristol Management Services

Street Address (P.O. Box Number is Not Acceptable): 725 N. A1A, Suite C110

City: Jupiter FL Zip Code: 33477

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: Steven Ungelio 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: [illegible]

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		PD Noem Welsh 1510 NE 12th Terr S-E Jensen Bch. FL 34957	
	☐ Delete		☐ Change ☐ Addition
		SD - Marge Stoll 1510 NE 12th Terr E-13 Jensen. Bch. FL 34957	
	☐ Delete		☐ Change ☐ Addition
		TD - Pat Schwartz 1510 NE 12th Terr E-2 Jensen Bch, FL 34957	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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.

Patricia A. Schwartz Mgr. 561-288-7255