2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90025 017 ****61.25

DOCUMENT # 727687

1. Entity Name

BEACON 21 CONDOMINIUM "E" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~PO BOX 1635~~ ~~JENSEN BEACH FL 34958~~ ~~US~~	~~PO BOX 1635~~ ~~JENSEN BEACH FL 34958~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME →	735 Colorado Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3
City & State	City & State STUART FL
Zip / Country	Zip 34996 / Country Martin

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
~~BRISTOL MANAGEMENT~~ ~~725 N. A1A, STE C-110~~ 1930 Commerce Lane ~~JUPITER FL 33477~~ 33458 Ste #1	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 1-20-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHWARTZ, PAT 1510 NE 12TH TERRACE E-2 JENSEN BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MABEL SPAMER 1510 NE 12th Terr E-4 Jensen Bch, FL 34957	☐ Change ☐ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STATT, MARGE 1510 NE 12TH TERRACE 3-13 JENSEN BEACH FL	☐ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELSH, NORM 1510 NE 12TH TERRACE E-5 JENSEN BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: NORM WELSH NORM WELSH 1/23/02 334-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #