2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 04, 2004 8:00 am Secretary of State **DOCUMENT # 727687** 1. Entity Name 08-04-2004 90018 003 ****61.25 BEACON 21 CONDOMINIUM "E" ASSOCIATION, INC. Mailing Address Principal Place of Business 735 COLORADO AVE 735 COLORADO AVE 24078248 STE 3 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address NWY P.O. B DX 666 NE DIXIE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) Applied For City & State City & State 4. FEI Number 59-1514569 Not Applicable 182013 DENSEN BEACH Country \$8.75 Additional 5. Certificate of Status Desired П USA 34958 3485 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAKAB-MANA-GEMENT-SERVICE LLC BRISTOL MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 666 NE 0/X/E HW 1930 COMMERCE LANE STE 1 JUPITER FL 33458 Zip Code BEACH ENSEN 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. I am familiar with, and accept the obligations of registered agent. AKAB JA. MANAGER Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE ☐ Delete TITLE Addition ☐ Change SCHWARTZ, PAT NAME NAME 1510 NE 12TH TERRACE E-2 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete Change TITLE PD ★ Addition WELSH, NORM NAME NAME FRANKENBURGER, GARNET 1510 NE 12TH TERRACE E-5 STREET ADDRESS STREET ADDRESS 1510 NE 12TH TELL # JENSEN BEACH FL CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL TD □ Delete ☐ Change Addition SHARP, CAROL NAME NAME 1510 NE 12TH TERR E-15 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Marchenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFECTOR

SIGNATURE:

FILED