2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 727687

Entity Name: BEACON 21 CONDOMINIUM "E" ASSOCIATION, INC.

Current Principal Place of Business:

1510 NE 12TH TERRACE, E-7
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2045
JENSEN BEACH, FL 349582045 US

New Mailing Address:

1510 NE 12TH TERRACE, E-7
JENSEN BEACH, FL 34957 US

FEI Number: 59-1514569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JANOFF, GAYLE
1510 NE 12TH TERRACE, E-7
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: DERRINGTON, MARSHA
Address: 1510 NE 12TH TERRACE E9
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD ( ) Delete
Name: WASSMER, TOM
Address: 1510 NE 12TH TERRACE E6
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete
Name: JANOFF, GAYLE
Address: 1510 NE 12TH TERR E-7
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD ( ) Delete
Name: CAMPBELL, RICHARD
Address: 1510 NE 12TH TERRACE E16
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: PATRICIA, SCHWARTZ
Address: 1510 N. E. 12TH TERRACE E 2
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA J. DERRINGTON SD 03/31/2009

Electronic Signature of Signing Officer or Director — Date