

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731325 (7)
1. Corporation Name

CONDOMINIUM NUMBER 5 OF BEACON LAKES, INCORPORATED



Principal Place of Business: 3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US
Mailing Address: P.O. BOX 1448 PALM HARBOR FL 34682-1448 US

3. Date Incorporated or Qualified: 12/04/1974
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-1594268
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
3490 EAST LAKE ROAD, STE C
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: FL

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: _____ DATE: _____
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: VD	NAME: VERHAEGHE, BOB	1.1 TITLE: PD	1.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3840 LANYARD COURT	CITY-ST-ZIP: NEW PORT RICHEY FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: SD	NAME: CODY, MARIE	2.1 TITLE: VD	2.2 NAME: ELOISE KOTEWICZ
STREET ADDRESS: 4448 PELORUS DR	CITY-ST-ZIP: NEW PORT RICHEY FL	2.3 STREET ADDRESS: 4030 LIGHTHOUSE WAY	2.4 CITY-ST-ZIP: NEW PORT RICHEY, FL 34652
TITLE: T	NAME: CURTIS, DICK	3.1 TITLE:	3.2 NAME: CURTIS, RICHARD
STREET ADDRESS: 4439 CHART COURT	CITY-ST-ZIP: NEW PORT RICHEY FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: LERCH, HARRY	4.1 TITLE: D	4.2 NAME: MALNAR, RAYMOND
STREET ADDRESS: 3825 LIGHTHOUSE WAY	CITY-ST-ZIP: NEW PORT RICHEY FL	4.3 STREET ADDRESS: 4001 LIGHTHOUSE WAY	4.4 CITY-ST-ZIP: NEW PORT RICHEY, FL 34652
TITLE: PD	NAME: FLETCHER, GENE	5.1 TITLE: SD	5.2 NAME: OLSEN, FRED A.Sr.
STREET ADDRESS: 445 PELORUS	CITY-ST-ZIP: NEW PORT RICHEY FL	5.3 STREET ADDRESS: 4439 PELORUS DRIVE	5.4 CITY-ST-ZIP: NEW PORT RICHEY, FL 34652
TITLE: D	NAME: IANNONE, JOHN	6.1 TITLE: D	6.2 NAME: VERDERBER, FRANK
STREET ADDRESS: 3843 LANYARD COURT	CITY-ST-ZIP: NEW PORT RICHEY FL	6.3 STREET ADDRESS: 3857 LIGHTHOUSE WAY	6.4 CITY-ST-ZIP: NEW PORT RICHEY, FL 34652

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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.

SIGNATURE: Robert V. Verhaeghe 2-7-96 813-789-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)