

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90254 035 ****61.25

DOCUMENT # 731325

1. Entity Name

**CONDOMINIUM NUMBER 5 OF BEACON LAKES,
INCORPORATED**



Principal Place of Business

C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE 225
CLEARWATER FL 33765
US

Mailing Address

C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE 225
CLEARWATER FL 33765
US

24032000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1594268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEIGHTON, LEN
C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE. 225
CLEARWATER FL 33765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME LUCE, BETTY
STREET ADDRESS 4031 DAVIT DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ Delete
NAME PERMANIAN, GEORGE
STREET ADDRESS 3944 LIGHTHOUSE WAY
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SD ☐ Delete
NAME GEER, ELINORE
STREET ADDRESS 4426 PELOURUS DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VPD ☐ Delete
NAME MATTHEWS, LEWIS
STREET ADDRESS 4005 LIGHTHOUSE WAY
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ Delete
NAME KALOUSTIAN, ED
STREET ADDRESS 3819 LIGHTHOUSE WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *VD*
STREET ADDRESS *Permanian, George*
CITY-ST-ZIP *3944 Lighthouse Way*
New Port Richey, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *TD*
STREET ADDRESS *Richard Curtis*
CITY-ST-ZIP *443A Chart Ct.*
New Port Richey, FL 34652

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:

Lewis J. Matthews *Lewis J. Matthews* *4-13-04 222 844-045*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #