

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 008 ****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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1594268

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

—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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BASILONE, DON**
STREET ADDRESS **4441 CHART CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VPD** ☐ Change ☒ Addition
NAME **ROSE OBROKTA**
STREET ADDRESS **4444 PELOURUS DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **PD** ☒ Delete
NAME **MATTHEWS, LEWIS**
STREET ADDRESS **4005 LIGHTHOUSE WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Change ☒ Addition
NAME **COSMO LALLI**
STREET ADDRESS **3945 LIGHTHOUSE WAY**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CURTIS, RICHARD**
STREET ADDRESS **4439 CHART CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Edward Kaloustian EDWARD KALOUSTIAN

2-4-06

7278483631