

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:17

DOCUMENT # **738523** (0)
1. Corporation Name
BEACON 21 CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1551 N.E. 13TH TERRACE 1551 N.E. 13TH TERRACE
P.O. BOX 683 P.O. BOX 683
JENSEN BEACH FL 33957 JENSEN BEACH FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1977** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-1785506** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**PRESTIGE PROPERTY MGMT.
3125 SW MAPP ROAD
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
DVP KELSEY, RAY 1515 NE BEACON DRIVE 601 JENSEN BEACH FL
DP OLDHAM, HERB 1560 NE 13TH TERRACE D-10 JENSEN BEACH FL
DT ERCK, CHARLES 1555 N.E. BEACON DRIVE, #1005 JENSEN BEACH FL
DS SPRAUL, WILLIAM 1401 NE 14TH COURT, 0-8 JENSEN BEACH FL

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TD Change Addition
1.2 NAME ELLIOTT, DON
1.3 STREET ADDRESS 1441 NE 14TH COURT N 4
1.4 CITY - ST - ZIP JENSEN BEACH, FL
2.1 TITLE SD Change Addition
2.2 NAME OLDHAM, HERB
2.3 STREET ADDRESS 1560 NE 13TH TERRACE D-10
2.4 CITY - ST - ZIP JENSEN BEACH, FL
3.1 TITLE VPD Change Addition
3.2 NAME ERCK, CHARLES
3.3 STREET ADDRESS 1555 NE BEACON DRIVE #1005
3.4 CITY - ST - ZIP JENSEN BEACH, FL
4.1 TITLE DD Change Addition
4.2 NAME SPRAUL, WILLIAM
4.3 STREET ADDRESS 1401 NE 14 TH COURT 0-8
4.4 CITY - ST - ZIP JENSEN BEACH, FL
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(3)(f), 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: *Donald J. Elliott* DONALD J. ELLIOTT 3-16-95 407-334-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #