

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

FILED
May 23 1996 8:00 am
Secretary of State

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



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/31/1977 | 3a. Date of Last Report 03/22/1995 |
|--|--|

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

| | |
|--|---------------------------------------|
| 4. FEI Number 59-1785506 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PRESTIGE PROPERTY MGMT. 3125 SW MAPP ROAD PALM CITY FL 34990 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | p/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELLIOTT, DON | 1.2 NAME | KELSEY, RAYMOND |
| STREET ADDRESS | 1441 NE 14 CT N4 | 1.3 STREET ADDRESS | 1515 NE BEACON DRIVE, 601 |
| CITY-ST-ZIP | JENSEN BEACH FL | 1.4 CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OLDHAM, HERB | 2.2 NAME | OLDHAM, HERB |
| STREET ADDRESS | 1560 NE 13TH TERRACE D-10 | 2.3 STREET ADDRESS | 1560 NE 13th TERRACE, D-10 |
| CITY-ST-ZIP | JENSEN BEACH FL | 2.4 CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ERCK, CHARLES | 3.2 NAME | SPRAUL, WILLIAM |
| STREET ADDRESS | 1555 N.E. BEACON DRIVE, #1005 | 3.3 STREET ADDRESS | 1401 NE 14th COURT, 0-8 |
| CITY-ST-ZIP | JENSEN BEACH FL | 3.4 CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPRAUL, WILLIAM | 4.2 NAME | ELLIOTT, DON |
| STREET ADDRESS | 1401 NE 14TH COURT, 0-8 | 4.3 STREET ADDRESS | 1441 NE 14 Ct N4 |
| CITY-ST-ZIP | JENSEN BEACH FL | 4.4 CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | 100001838241 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | -05/24/96--01030--030 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ***61.25 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(k), 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: Ronald J. Lee **4-3-96** **407-334-1876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)