

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

 <b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 738523

1. Corporation Name  
**BEACON 21 CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>1551 N.E. 13TH TERRACE</b> <b>PO BOX 683</b> <b>JENSEN BEACH FL 33957</b>	Mailing Address <b>1551 NE 13TH TERRACE</b> <b>PO BOX 683</b> <b>JENSEN BEACH FL 33957</b>
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3. Date Incorporated or Qualified <b>03/31/1977</b>	3a. Date of Last Report <b>04/03/96</b>
4. FEI Number <b>59-1785506</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
22. Suite, Apt #, etc.		26. Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/>	
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24. Zip		28. Zip		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			
<b>PRESTIGE PROPERTY MGMT</b> <b>3125 SW MAPP ROAD</b> <b>PALM CITY, FL 34990</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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: type or print 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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>P/D</b>
STREET ADDRESS		13 STREET ADDRESS	<b>HERBERT R. OLDHAM</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>1560 NE 12 TERR #D-10</b> <b>JENSEN BEACH FL 34957</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>VP/D</b>
STREET ADDRESS		23 STREET ADDRESS	<b>ART ANDERSON</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>1585 NE BEACON DR #1101</b> <b>JENSEN BEACH, FL 34957</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>T/D</b>
STREET ADDRESS		33 STREET ADDRESS	<b>DON ELLIOTT</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>1441 NE 14 CT #N4</b> <b>JENSEN BEACH, FL 34957</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>S/D</b>
STREET ADDRESS		43 STREET ADDRESS	<b>NORM WELSH</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>1510 NE 12 TERR #E-5</b> <b>JENSEN BEACH, FL 34957</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>700002193677</b>
STREET ADDRESS		63 STREET ADDRESS	<b>-05/28/97--01085--017</b>
CITY - ST - ZIP		64 CITY - ST - ZIP	<b>***61.25</b>

14. I do 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 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: Herbert R. Oldham **Herbert R. Oldham** 4-8-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)