

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738523** (0)  
1. Corporation Name  
**BEACON 21 CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1551 N.E. 13TH TERRACE P.O. BOX 663 JENSEN BEACH FL 33957</b>	Mailing Address <b>1551 N.E. 13TH TERRACE P.O. BOX 663 JENSEN BEACH FL 33957</b>
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3. Date Incorporated or Qualified  
**03/31/1977**

4. FEI Number  
**59-1785506**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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 <b>PRESTIGE PROPERTY MANAGEMENT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7601 SW LOST RIVER ROAD</b>
83
84 City <b>STUART</b>
85 Zip Code <b>FL 34997</b>

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 *George N. Sparr* **George N. Sparr - Association Manager** 4-8-98  
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	<b>PD HERBERT, R. OLDHAM 1560 NE 12 TERR #D-10 JENSEN BEACH FL 34957</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ANDERSON, ART 1585 NE BEACON DR #1101 JENSEN BEACH FL 34957</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ELLIOTT, DON 1441 NE 14 CT #N4 JENSEN BEACH FL 34957</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WELSH, NORM 1510 NE TERR #E-5 JENSEN BEACH FL 34957</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ELLIOTT, DON 1441 NE 14 CT #4 JENSEN BEACH FL 34957</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D ANDERSON, ART 1585 NE BEACON DR #1101 JENSEN BEACH FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP/D MOLINARI, AL 1310 NE 13th CT K-18 JENSEN BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T/D STREETER, RON 1617 NE NAUTICAL PLACE, 902 JENSEN BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>S/D CONNORS, WILLIAM 1560 NE 12th TERRACE D-7 JENSEN BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *George N. Sparr* **George N. Sparr** 4/7/98 334-8756

CR2E037 (10/97)