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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90037 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</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 1551 N.E. 13TH TERRACE P.O. BOX 683 JENSEN BEACH FL 33957	Mailing Address 1551 N.E. 13TH TERRACE P.O. BOX 683 JENSEN BEACH FL 33957
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/31/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1785506
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PRESTIGE PROPERTY MGMT. 7601 SW LOST RIVER RD STUART FL 34997				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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, typed or printed 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	VPD MOLINARI, AL	1.1 TITLE	PD Joe Malloy
NAME	1310 NE 13TH CT K-18	1.2 NAME	1501 NE 13TH Terr. Apt H-3
STREET ADDRESS	JENSEN BEACH FL 34957	1.3 STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD ANDERSON, ART	2.1 TITLE	VPD Art Anderson
NAME	1585 NE BEACON DR #1101	2.2 NAME	1585 NE BEACON DR. #1101
STREET ADDRESS	JENSEN BEACH FL 34957	2.3 STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD STREETER, RON	3.1 TITLE	TD Jim Smith
NAME	1617 NE NAUTICAL PL. 902	3.2 NAME	1411 NE 14TH CRT. - P-15
STREET ADDRESS	JENSEN BEACH FL 34957	3.3 STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CONNORS, WILLIAM	4.1 TITLE	SD Peggy Harley
NAME	1560 NE 12TH TERR D-7	4.2 NAME	1577 NE NAUTICAL PL. #101
STREET ADDRESS	JENSEN BEACH FL 34957	4.3 STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD ELLIOTT, DON	5.1 TITLE	
NAME	1441 NE 14 CT N4	5.2 NAME	
STREET ADDRESS	JENSEN BEACH FL 34957	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE: *[Signature]* 2/23/99 561 334 5477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)