## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am Secretary of State DOCUMENT # 738 523 1. Entity Name 05-15-2000 90194 029 \*\*\*\*61.25 Beacon 21 Condominium Association, inc. Mailing Address P.O. Box 1606 Jensen Beach, FL Principal Place of Business P.O. BOX 1606 Jensen Beach, FL C0090951 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANAGEMENT 75t0/ Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 16. PD-Wm Porter A-2 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS JENSON BCh. FC CITY-ST-ZIP CITY-ST-ZIP TITLE VP D- BOB DIE+2 ☐ Change Addition ☐ Delete TITLE 1211 Nx 12 to Iser 7.7 NAME NAME STREET ADDRESS STREET ADDRESS JENSER BCh, FL 3495 CITY-ST-ZIP CITY-ST-ZIP ☐ Change 50 - 60msa Horban Addition ☐ Delete TITLE 1555 WE BOACON DR # 1004 NAME NAME STREET ADDRESS STREET ADDRESS Jensen Bch. FC CITY-ST-ZIP CITY-ST-ZIP TD-JIMSMIT-OT ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS Jangan Bah. FL 3495 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

San about

JAMES A. SMITH

04/25/00 52/334-8096