

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90024 024 \*\*\*\*61.25

**DOCUMENT # 738523**  
 1. Entity Name  
**BEACON 21 CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 1635 JENSEN BEACH FL 34958** **PO BOX 1635 JENSEN BEACH FL 34958**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1785506** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**BRISTOL MANAGEMENT SERVICES**  
**735 COLORADO AVENUE**  
**SUITE 3**  
**STUART FL 34994**

7. Name and Address of New Registered Agent  
 Name **SIGNATURE PROPERTY MGMT**  
 Street Address (P.O. Box Number is Not Acceptable) **969 S. FEDERAL HWY**  
**SUITE 401**  
 City **STUART FL 34994 FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* DATE **2/8/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MELNICK, ROBERT J</b> <b>1577 NE NAUTICAL PLACE</b> <b>JENSEN BEACH FL 34957</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HAHN, HARRY</b> <b>1501 13TH ST., H-13</b> <b>JENSEN BEACH FL 34957</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RASO, JOE</b> <b>1561 NE 12TH CT., C-7</b> <b>JENSEN BEACH FL 34957</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHAMBERS, CELILE</b> <b>1561 NE 12TH CT., C-10</b> <b>JENSEN BEACH FL 34957</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOE ROCH</b> <b>1560 NE 12TH TERN. # B-12</b> <b>JENSEN BEACH FL. 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VVP</b> <b>DICK CAMPBELL</b> <b>1510 NE 12TH TERN E-16</b> <b>JENSEN BEACH FL. 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V2nd VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSE COOPER</b> <b>1551 NE 13TH TERN - A-9</b> <b>JENSEN BEACH FL 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Cecile Chambers, Treasurer* **Cecile Chambers** 772-334-7525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-15-05** Daytime Phone #