


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90465 023 \*\*\*\*61.25

**DOCUMENT # 738523**

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




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

Mailing Address  
**PO BOX 1635  
 JENSEN BEACH, FL 34958**

**50015904**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03312006 Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

**SIGNATURE PROPERTY MGMT  
 969 S FEDERAL HWY STE 401  
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	P	<input checked="" type="checkbox"/> Delete
NAME	HAHN, HARRY	
STREET ADDRESS	1501 NE 13TH TERR #H-13	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOLINARI, JUNE	
STREET ADDRESS	1667 NE NAUTICAL PLACE #702	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	RASO, JOE	
STREET ADDRESS	1561 NE 12TH CT., C-7	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HONTZ, SHARON	
STREET ADDRESS	1501 NE 13TH TERR, H-4	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COOPER, ROSE	
STREET ADDRESS	1551 NE 13TH TERR A-9	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE MALLOY	
STREET ADDRESS	1501 NE 13TH TERR. #H-3	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL PORTER	
STREET ADDRESS	1551 NE 13TH TERR. A-2	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNETTE DEED	
STREET ADDRESS	1330 NE 14TH CT K-22	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB MELNECK	
STREET ADDRESS	1577 NE NAUTICAL PL #102	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_ **16504** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #