

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-17-2003 90277 016 ****61.25

DOCUMENT # 738523

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



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

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
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

FILE NOW: FEE IS \$61.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAMES	
STREET ADDRESS	1411 NE 14TH COURT, AP-15	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, ART	
STREET ADDRESS	1585 NE BEACON DR #1101	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, GOMER	
STREET ADDRESS	1555 NE BEACON DR # 1004	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, CORT	
STREET ADDRESS	1280 NE 14TH COURT, #L-15	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD Robert Melnick	
STREET ADDRESS	1577 NE Nautical Place	
CITY-ST-ZIP	Jensen Bch, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: SIGNATURE _____ Date: Feb 25/03