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

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

BEACO	ON 21 CONDOMINIUM OWNER	is association, in	C.					
Principal F	Place of Business	Mailing Address			_			
PO BOX 16		PO BOX 1635 JENSEN BEACH FL 3435	58					
2. Principi	pal Place of Business	3. Mailing Address	<del></del>					
	Apt. #, elc.	Suite, Apt. #, etc.			-		I IIII IIIII IIIII IIIIIIIIIIIIIIIIIII	
City & Si	State	City & State			4. FEI Number		IF MARCO STATE	Applied For
Zip	Country	Zip	Count	itry	5. Certificate of		- <b>\$8.75</b>	Not Applicable Additional
	6. Name and Address of Current	Registered Agent	┸——————		<u>_L</u>		Fee Rec	Additiona: uired
		uodistaten vanir	<del>+</del>	Name	7. Name and Ad	ddress of New Re	gistered Agent	
= -BRISTO	OL MANAGEMENT SERVICES	<del></del>						-
735 COI SLITTE 3	OLORADO AVENUE 3			Street Address	(P.O. Box Number is	-Not-Acceptable)		
	T FL 34994			City		·	FL Zip C	`nda
the obliga	ove named entity submits this statement for gations of registered agent.	r the purpose of changing its	registered o	office or registe	red agent, or both, in	the State of Florid	da. I am familiar wi	th, and accept
SIGNATURE	E Signature, typod or printed name of registered agent ar	und title if applicable. (NOTI		ent signature required	when rensisting)		DATE	
	Signature, typod or printed name of registered agent as FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	E: Registered Age	ent signature required	\$5.00 May Be Added to Fees	Make Florida	DATE  Check Payable Department of	e to State
10.	Signature, typed or printed name of registered agent at  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE	9. Election Cam Trust Fund C	E: Registered Age	pent Eignature required	\$5.00 May Be Added to Fees	Florida	Check Payabl Department of	State
10. Title Name Street address City-St-Zip	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE  DP SMITH, JAMES 1411 NE 14TH COURT, AP-15 JENSEN BEACH FL 34957	9. Election Carr Trust Fund C	E: Registered Age mpaign Finan Contribution.	noting A	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE	ES TO OFFICERS	Check Payable Department of  AND DIRECTORS  Change	State N 10
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12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: