FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760733 (6)

1. Corporation Name

BEAUMER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 RIVER POINT DRIVE P. O. BOX 10579 NAPLES FL 33941-7579	801 RIVER POINT DRIVE P. O. BOX 10579 NAPLES FL 33941-7579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2237949 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BANTZ, THOMAS, M COLLIER FINANCIAL SYSTEMS INC 4985 E TAMIAMI TRAIL NAPLES FL 33962	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	TISCI, ROSS M.	1.2 NAME	CAROLE BEAZER
STREET ADDRESS	RD #2 149 BURTIS PT	1.3 STREET ADDRESS	8 ROANOKE ROAD Apt. #501
CITY-ST-ZIP	AUBURN NY	1.4 CITY-ST-ZIP	Don Mills ONTARIO Canada
TITLE	~~TD~~	2.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BORBARA, GEORGE~~	2.2 NAME	JUDITH L LYTE
STREET ADDRESS	~~1825 FOURTH ST S~~	2.3 STREET ADDRESS	11 NARROWS ROAD
CITY-ST-ZIP	~~NAPLES, FL 00000~~	2.4 CITY-ST-ZIP	NARRAGANSETT RI 02882
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	~~ADAMS, JAMES, H~~	3.2 NAME	
STREET ADDRESS	~~1717 PARKSHORE DR~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ARDEN HILL MN~~	3.4 CITY-ST-ZIP	
TITLE	~~DVP~~ DP	4.1 TITLE	☐ Change ☐ Addition
NAME	GRUSZKA, JAMES	4.2 NAME	
STREET ADDRESS	807 RIVERPOINT DR STE 103 D	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	~~SD~~ T	5.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, SIMONE	5.2 NAME	
STREET ADDRESS	P.O. BOX 2211 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33939	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 15 Apr 95 813 793 0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000010