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FILE NOW: FILING FEE IS $61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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	C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD. SOUTH NAPLES FL 34104 US

3. Date Incorporated or Qualified: 11/17/1981

4. FEI Number: 59-2237949 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

R&P PROPERTY MANAGEMENT
265 AIRPORT RD, SOUTH
NAPLES FL 34104

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Carole A. Beazer — 4/16/98

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEAZER, CAROLE		1.2 NAME		
STREET ADDRESS	801 RIVERPORT DR, #207A		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DVPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, TISCI		2.2 NAME		
STREET ADDRESS	RD#2, BOX 149, BURTIS PT		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN NY		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRUSZKA, JAMES		3.2 NAME		
STREET ADDRESS	807 RIVERPOINT DR STE 103 D		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN H. ROBBINS		4.2 NAME		
STREET ADDRESS	2537 CORNELL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAPEER MI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WIGBOLDY, RALPH		5.2 NAME	WIGBOLDY, RALPH	
STREET ADDRESS	803 RIVER POINT APT 206		5.3 STREET ADDRESS	803 RIVER PT. # 206	
CITY-ST-ZIP	NAPLES FL 34102		5.4 CITY-ST-ZIP	NAPLES, FL. 34102	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Carole A. Beazer — April 22 1998 — (941) 643-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #