

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760733

FILED
Apr 21, 2005
Secretary of State

Entity Name: BEAUMER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

801 RIVER POINT DRIVE
P. O. BOX 10579
NAPLES, FL 339417579

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2237949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: VAN LOON, JOHN
Address: 807 RIVER POINT DRIVE #401 D
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: MCVAY, PETE
Address: 805 RIVER POINT DRIVE #101 C
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SHORT, NANACY
Address: 997 LANGHART COURT
City-St-Zip: HEALDSBURG, CA 95448

Title: SD () Delete
Name: BOGUE, ALEXANDER
Address: 805 RIVER POINT DRIVE #206 C
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: ROBBINS, NORMAN
Address: 805 RIVER POINT DRIVE #201 C
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN LOON, JOHN
Address: 807 RIVER POINT DRIVE #401 D
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHORT, NANCY
Address: 2191 TARPON RD
City-St-Zip: NAPLES, FL 34102

Title: VPD (X) Change () Addition
Name: BOGUE, ALEXANDER
Address: 805 RIVER POINT DRIVE #206 C
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MARTENS, FAITH
Address: 14725 MILL SPRING DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date