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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:09

DOCUMENT # **N00375** (8)

1. Corporation Name
BEAUMONT HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6590 SW 13TH STREET 6590 SW 13TH STREET
PLANTATION FL 33317-5154 PLANTATION FL 33317-5154
US US

3. Date incorporated or Qualified 12/13/1983	3a. Date of Last Report 02/03/1994
4. FEI Number 65-0216570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MACK, HENRY W
6590 SW 13 ST
PLANTATION FL 33317

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACK, HENRY W.
STREET ADDRESS	6590 S.W. 13 STREET
CITY-ST-ZIP	PLANTATION FL
TITLE	VD
NAME	SHIRLEY, GAYLORD
STREET ADDRESS	1230 SW 65TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	DT
NAME	HOFFMAN, RICHARD
STREET ADDRESS	6470 SW 13TH ST
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	MANDEL, RAQUEL
STREET ADDRESS	6481 SW 13TH ST
CITY-ST-ZIP	PLANTATION FL
TITLE	<input checked="" type="checkbox"/>
NAME	KUCHENREUTHER, LEO
STREET ADDRESS	1211 SW 65TH ST
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	OSORIO, LEO
STREET ADDRESS	6530 SW 13TH ST
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	OS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julia McLeod
2.3 STREET ADDRESS	6560 SW 13TH ST
2.4 CITY-ST-ZIP	Plantation FL 33317-5154
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dytkowski, Robert J.
3.3 STREET ADDRESS	6540 SW 13th St
3.4 CITY-ST-ZIP	Plantation FL 33317-5154
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE GRADA
4.3 STREET ADDRESS	1211 SW 65TH AVE
4.4 CITY-ST-ZIP	Plantation FL 33317-5154
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALISTAIR McLeod
6.3 STREET ADDRESS	6540 SW 13th St
6.4 CITY-ST-ZIP	Plantation FL 33317-5154

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 as provided, or on an attachment with an address.

SIGNATURE: _____ Robert J. Dytkowski, Treasurer 1/01/95 305 304-2456