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**FILED**  
**Jan 26, 1999 8:00am**  
**Secretary of State**

01-26-1999 90054 011 \*\*\*\*\*61.25



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # N00375**

1. Corporation Name

**BEAUMONT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

6590 SW 13TH STREET  
 PLANTATION FL 33317-5154  
 US

Mailing Address

6590 SW 13TH STREET  
 PLANTATION FL 33317-5154  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/13/1983

4. FEI Number

65-0216570

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
 NAME **MACK, HENRY W.**  
 STREET ADDRESS **6590 S.W. 13 STREET**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **DS**  DELETE  
 NAME **MCLEOD, JULIA**  
 STREET ADDRESS **6560 SW 13TH ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **DT**  DELETE  
 NAME **DYTKOWSKI, ROBERT J.**  
 STREET ADDRESS **6540 SW 13TH ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D**  DELETE  
 NAME **GRADA, GEORGE**  
 STREET ADDRESS **1211 SW 65TH AVE**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VD**  DELETE  
 NAME **KUCHENREUTHER, LEO**  
 STREET ADDRESS **1211 SW 65TH ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D**  DELETE  
 NAME **MCLEOD, ALISTAIR**  
 STREET ADDRESS **6540 SW 13TH ST**  
 CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* 1/18/99 (305) 324-2493

CRZE037 (1/98)