

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90076 042 ****61.25

DOCUMENT # N00375

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0216570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, HENRY W
 6590 SW 13 ST
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name: **Robert J Dytkowski**
 Street Address (P.O. Box Number is Not Acceptable): **6590 SW 13TH ST**
 City: **PLANTATION** FL Zip Code: **33317-5154**

8. 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: *[Signature]* **Robert J Dytkowski** DATE: **2/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACK, HENRY W.	
STREET ADDRESS	6590 S.W. 13 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCLEOD, JULIA	
STREET ADDRESS	6560 SW 13TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DYTKOWSKI, ROBERT J.	
STREET ADDRESS	6540 SW 13TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRADA, GEORGE	
STREET ADDRESS	1211 SW 65TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUCHENREUTHER, LEO	
STREET ADDRESS	1211 SW 65TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEOD, ALISTAIR	
STREET ADDRESS	6540 SW 13TH ST	
CITY-ST-ZIP	PLANTATION FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33317-5154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33317-5154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33317-5154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE SMITH VP	
STREET ADDRESS	6591 SW 13TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS		
CITY-ST-ZIP	33317-5154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33317-5154	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/24/2001** DAYTIME PHONE #: **305 324-2493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)