


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # N00375 1. Entity Name BEAUMONT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6590 SW 13TH STREET PLANTATION, FL 33317-5154 US	Mailing Address 6590 SW 13TH STREET PLANTATION, FL 33317-5154 US
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01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0216570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYTKOWSKI, ROBERT J
 6540 SW 13TH ST
 PLANTATION, FL 33317-5154

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agents signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACK, HENRY W.
STREET ADDRESS	6590 S.W. 13 STREET
CITY-ST-ZIP	PLANTATION, FL 333175154
TITLE	DS
NAME	MCLEOD, JULIA
STREET ADDRESS	6560 SW 13TH ST
CITY-ST-ZIP	PLANTATION, FL 333175154
TITLE	DT
NAME	DYTKOWSKI, ROBERT J.
STREET ADDRESS	6540 SW 13TH ST
CITY-ST-ZIP	PLANTATION, FL 333175154
TITLE	VP
NAME	SMITH, STEVE
STREET ADDRESS	6591 SW 13TH ST
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	KUCHENREUTHER, LEO
STREET ADDRESS	1211 SW 65TH ST
CITY-ST-ZIP	PLANTATION, FL 333175154
TITLE	D
NAME	MAGENHEIMER, STU
STREET ADDRESS	6520 SW 13TH ST
CITY-ST-ZIP	PLANTATION, FL 33317

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 01/13/04-80033-024 61.25

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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:  1/6/2004 954 791-9093

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