

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90038 037 ****61.25



DOCUMENT # N00375
 1. Entity Name
BEAUMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 6591 SW 13TH STREET 6540 SW 13TH STREET
 PLANTATION FL 33317-5154 PLANTATION FL 33317-5154
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 6590 SW 13 street 6591 SW 13 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Plantation, FL Plantation FL
 Zip Country Zip Country
 33317-5154 USA 33317-5154 USA

4. FEI Number Applied For
 65-0216570 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DYTROWSKI, ROBERT J
 6540 SW 13TH ST
 PLANTATION-FL-33317-5154

7. Name and Address of New Registered Agent
 Name Steven D. Smith
 Street Address (P.O. Box Number is Not Acceptable)
6591 SW 13 Street
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Steven D. Smith Steven D. Smith 2/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEVE 6591 S.W. 13 STREET PLANTATION FL 33317-5154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLEOD, JULIA 6521 SW 13TH ST PLANTATION FL 33317-5154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DYTKOWSKI, ROBERT J 6540 SW 13TH ST PLANTATION FL 33317-5154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUCHENREUTHER, LEO 1211 SW 65TH AVE PLANTATION FL 33317-5154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL, RACHEL L 6481 S W 13TH ST PLANTATION FL 33317-5156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGENHEIMER, STU 6520 SW 13TH ST PLANTATION FL 33317-5154 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/T</u> <u>Steven Smith</u> <u>6591 SW 13 street</u> <u>Plantation, FL 33317-5154</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/P</u> <u>Charles Ollivierre</u> <u>6590 SW 13 Street</u> <u>Plantation, FL 33317-5154</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Robert Dykowski</u> <u>6540 SW 13 Street</u> <u>Plantation, FL 33317-5154</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Leo Kuchenreuther</u> <u>1211 SW 65 Ave.</u> <u>Plantation, FL 33317-5154</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/S</u> <u>Rachel L. Mandel</u> <u>6481 SW 13 Street</u> <u>Plantation, FL 33317-5154</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Javler Avila</u> <u>6420 SW 13 street</u> <u>Plantation, FL 33317-5154</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Steven D. Smith Steven D. Smith 2/3/07 954/966-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #