

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

Entity Name: BEAU CIEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

990 BLVD OF THE ARTS
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD. STE. 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-1070554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: SOSSO, ROBERT
Address: 990 BLVD OF THE ARTS # 601
City-St-Zip: SARASOTA, FL 34236

Title: DP
Name: HOFMANN, GEORGE
Address: 990 BLVD OF THE ARTS # 404
City-St-Zip: SARASOTA, FL 34236

Title: DS
Name: KAPLAN, CARYL
Address: 990 BLVD OF THE ARTS # 802
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: KERBAWY, KYLE
Address: 990 BLVD OF THE ARTS # 1002
City-St-Zip: SARASOTA, FL 34236

Title: DT
Name: DAVISSON, SHARON
Address: 990 BLVD OF THE ARTS # 602
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE HOFMANN

DP

01/07/2011

Electronic Signature of Signing Officer or Director

Date