## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # N0100001477  1. Entity Name THE SHOPPES AT BEACON LIGHT MERCHANTS ASSOCIATION, INC.					04-27-2006 90158 033 ****61.25					
Principal Place of Business 2400 BLOCK OF N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064  Mailing Address 2436 N. FEDERAL HWY BOX #243 LIGHTHOUSE POINT, FL 3					4			IP <b>AA HA</b> II		
		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			03272006	Chg-NP	CR2E0	37 (11/05)	
City & State		Cit	y & State			4. FEI Number 65-1130			<u> </u>	plied For t Applicable
Zip	Country	Zip		Cou	ıntry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Cu	urrent Registere	d Agent			7. Name and	Address of New	Registered	Agent	
DAVIS, CHARLES R. 936 SW 14TH AVE. DEERFIELD BEACH, FL 33441				Name Street Address (P.O. Box Number is Not Acceptable)						
DELIVIEL	4.				City				Zip Cod	0
				*	PL					
8. The above the obligat	e named entity submits this statem tions of registered agent.	nent for the purp	ose of changing its	register	ed office or registe	red agent, or both				and accept
SIGNATURE	Signature, typed or printed name of registeral	Sives					4	25-0	4	
·	- Service Chapter of Printer Links of Legisland	no agus ano sae s app	licable. (NOTE	Registere	d Agent signature require	d when reinstating)		DATE		
,	Filing Fee is \$61.25 Due by May 1, 2006	and signs and size a spp	9. Election Can Trust Fund C	npaign F	inancing _	\$5.00 May Be Added to Fees			k payable to tment of Si	
10.	Filing Fee is \$61.25 Due by May 1, 2006	NO DIRECTORS	9. Election Can Trust Fund C	npaign F	inancing lon.	\$5.00 May Be Added to Fees		rida Depar	tment of Si	ate
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 occurrence 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.

GNATURE:

GRAATURE AND TYPED OR PROFITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Determine Trustee Carried Statutes as I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the composition of the co

SIGNATURE: