

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001477</b> 1. Entity Name THE SHOPPES AT BEACON LIGHT MERCHANTS ASSOCIATION, INC.	
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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 33064
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**DO NOT WRITE IN THIS SPACE**



03232008 No Chg-NP CR2E037 (4/08)

4. FEI Number 65-1130731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVIS, CHARLES R.  
 936 SW 14TH AVE.  
 DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000380364  
 04/15/08-80057-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORQUET, LINDA 2250 NE 38TH ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORREA, ELIZABETH 2931 NE 36TH ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, MILLIE 2771 NE 22ND CT POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, MARJORIE H 5949 NW 74TH ST POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CHARLES R 936 SE 14TH AVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATTON, KATHY 2248 SW 34TH TERR FORT LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Charles R. Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 954-942-9378  
Date Daytime Phone #