

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01510 (9)**  
 1. Corporation Name  
**BEEKMAN LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3845 ALLENWOOD STREET SARASOTA FL 34232</b>	Mailing Address <b>3845 ALLENWOOD STREET SARASOTA FL 34232</b>
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3. Date Incorporated or Qualified  
**02/17/1984**

4. FEI Number  
**59-2631586**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business  
**21** Suite, Apt. #, etc.

2a. Mailing Address  
**26** Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

22. City & State  
**27** City & State

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

23. Zip Country  
**28** Zip **29** Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, PA  
 MCCLENATHEN, CHAD M ESQ  
 830 S ORANGE VE  
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number Is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FELDMAN, AAREN</b> <b>4524 HIDDEN VIEW PLACE</b> <b>SARASOTA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Douglas James D</b> <b>4639 Winston Lane N.</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUEBNER, THOMAS</b> <b>3844 PRAIRIE DUNES DRIVE</b> <b>SARASOTA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jane Apisdorf D</b> <b>2425 Gulf of Mexico Dr #15A</b> <b>long boat Key, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDV</b> <b>HUEBNER, KIMBERLY</b> <b>3844 PRAIRIE DUNES DRIVE</b> <b>SARASOTA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIXON, CARL</b> <b>4614 HIDDEN VIEW PLACE</b> <b>SARASOTA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly Huebner* **4-16-98** **941-924-6306**

CR2E037 (10/97)