


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90086 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01510**

1. Corporation Name  
**BECKMAN LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 3845 ALLENWOOD STREET SARASOTA FL 34232	Mailing Address 3845 ALLENWOOD STREET SARASOTA FL 34232
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/17/1984</b>
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-2631586</b>
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, PA MCCLENATHEN, CHAD M ESQ 630 S ORANGE VE SARASOTA FL 34236		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D FELDMAN, AAREN</b>	1.2 NAME	<b>Director Herman Grubel</b>
STREET ADDRESS	<b>4524 HIDDEN VIEW PLACE</b>	1.3 STREET ADDRESS	<b>4534 Hidden View Place</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34235</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD HUEBNER, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>3844 PRAIRIE DUNES DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TDV HUEBNER, KIMBERLY</b>	3.2 NAME	
STREET ADDRESS	<b>3844 PRAIRIE DUNES DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D JAMES, DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>4639 WINSTON LANE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D APISDORF, JUNE</b>	5.2 NAME	
STREET ADDRESS	<b>2425 GULF OF MEXICO DR, #13A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Kimberly Huebner* **REQUIRED** 2-17-99 941-924-6306  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)