

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90344 036 \*\*\*\*61.25

**20048915**



<b>DOCUMENT # N01510</b>					
1. Entity Name <b>BEEKMAN LAKES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business C/OADVANCED MANAGEMENT 9031 TOWN CEDAR PKWY BRADENTON, FL 34202		Mailing Address C/OADVANCED MANAGEMENT 9031 TOWN CEDAR PKWY BRADENTON, FL 34202			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2631586</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANCED MANAGEMENT INC 9031 TOWN CEDAR PKWY BRADENTON, FL 34202			Name		
9031 TownCenter Pkwy.			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FELDMAN, AAREN	NAME	CHUCK GIAMBRONE		
STREET ADDRESS	4524 HIDDEN VIEW PLACE	STREET ADDRESS	4621 WINSTON LANE NORTH		
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HUMAN, DON	NAME	MELISSA SEIGEL		
STREET ADDRESS	4454 WINSTON LANE.	STREET ADDRESS	4565 HIDDEN VIEW PL		
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORIS, GARY	NAME			
STREET ADDRESS	4562 HIDDEN VIEW PL	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANOUS, CHARLES	NAME			
STREET ADDRESS	4639 WINSTON LANE N	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JURNEY, RALPH	NAME			
STREET ADDRESS	4627 HIDDEN VIEW PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <i>Charles Jurney</i>		Date: <i>4-21-05</i>		Daytime Phone #: <i>941-359-1134</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	