

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90179 014 ****61.25

DOCUMENT # N01510

1. Entity Name
BEEKMAN LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY ST
SARASOTA FL 34231-3603**

Mailing Address
**C/O CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY ST
SARASOTA FL 34231-3603**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
C/O Advanced Management
Suite, Apt. #, etc.
9031 Town Center Pky
City & State
Bradenton, FL
Zip
34202
Country
USA

3. Mailing Address
C/O Advanced Management
Suite, Apt. #, etc.
9031 Town Center Pky
City & State
Bradenton, FL
Zip
34202
Country
USA

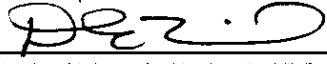
4. FEI Number **59-2631586** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA FL 34231-3603**

7. Name and Address of New Registered Agent
Name **Advanced Management, Inc**
Street Address (P.O. Box Number is Not Acceptable)
9031 Town Center Parkway
City **Bradenton** FL Zip Code **34202**

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  **Douglas E. Wilson** DATE _____

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP President	<input type="checkbox"/> Delete
NAME FELDMAN, AAREN	
STREET ADDRESS 4524 HIDDEN VIEW PLACE	
CITY-ST-ZIP SARASOTA FL	
TITLE PB Director	<input type="checkbox"/> Delete
NAME HUEBNER, THOMAS	
STREET ADDRESS 3844 PRAIRIE DUNES DRIVE	
CITY-ST-ZIP SARASOTA FL	
TITLE TSD	<input checked="" type="checkbox"/> Delete
NAME HUEBNER, KIMBERLY	
STREET ADDRESS 3844 PRAIRIE DUNES DRIVE	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME APISDORF, JUNE	
STREET ADDRESS 2425 GULF OF MEXICO DR, #13A	
CITY-ST-ZIP LONGBOAT KEY FL 34228	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PARDI, JOHN MR	
STREET ADDRESS 4565 HIDDEN VIEW PLACE	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME CLARK, RICHARD P	
STREET ADDRESS 1801 GLENGARY STREET	
CITY-ST-ZIP SARASOTA FL 34231-3603	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P D	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Norm Lew, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 4427 Winston Lane South	
CITY-ST-ZIP Sarasota, FL 34235	
TITLE Gary Norris, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 4562 Hidden View Place	
CITY-ST-ZIP Sarasota, FL 34235	
TITLE Charles Tanous, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 4639 Winston Lane North	
CITY-ST-ZIP Sarasota, FL 35235	
TITLE Douglas E. Wilson, Acting Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 9031 Town Center Parkway	
CITY-ST-ZIP Bradenton, FL 34202	

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: **SIGNATURE REQUIRED 3-14-03** (941) 357-1134

CR2E037 (10/02)