

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90061 012 ****61.25

DOCUMENT # N31580

1. Entity Name

BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM AS

Principal Place of Business

Mailing Address

1550 S OCEAN DR
 UNIT ~~00~~ **A-1**
 FT PIERCE FL 34949
 US

1550 S OCEAN DR
 UNIT ~~00~~ **A-1**
 FT PIERCE FL 34949-3302
 US

00002089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **A-1**

Suite, Apt. #, etc. **A-1**

City & State

City & State

4. FEI Number

65-0128950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, VALERIE
 1550 S OCEAN DR
 UNIT A-1
 FT PIERCE FL 34949

Name

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.

SIGNATURE

Valerie Johnson

Valerie JOHNSON Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	KELLEY, JIM	22 ROBINS NEST LANE	WESTCHESER PA 19382	<input checked="" type="checkbox"/>
TD	JOHNSON, VALERIE	1550 S OCEAN DR., UNIT A-1	FT. PIERCE FL	<input type="checkbox"/>
SD	MITLER, LISA	125 CROWNS PT CIRCLE	LONGWOOD FL 32779	<input checked="" type="checkbox"/>
PD	MITLER, DREW	125 CROWNS PT CIRCLE	LONGWOOD FL 32779	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	VICTOR PEREZ	390 KNotty wood Lane	WELLINGTON, FL 33414	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	MARY DeTroia	329 W. 5th St	Ship Bottom N.J. 08008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Tony DeTroia	329 W. 5th St.	SHIP Bottom N.J. 08008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Valerie Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 (50) 465-4463

Date Daytime Phone #

CR2E037 (9/99)