

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90022 019 \*\*\*\*61.25

**DOCUMENT # N31580**

1. Entity Name

**BEACH VILLAS ON HUTCHINSON ISLAND CONDOMINIUM AS**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0128950**

Applied For

Not Applicable

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	PEREZ, VICTOR	390 KNOTTYWOOD LANE	WELLINGTON FL 33414				
TD	JOHNSON, VALERIE	1550 S OCEAN DR., UNIT A-1	FT. PIERCE FL				
SD	DETROIA, MARY	329 W 5TH STREET	SHIP BOTTOM NJ 08008				
PD	DETROIA, TONY	329 W 5TH STREET	SHIP BOTTOM NJ 08008				

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

2-7-01 (54) 465-4463  
 Date Daytime Phone #

CR2E037 (10/00)