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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N9400002486 (8)

BEACH COLONY CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # 1. Corporation Name

SECRETARY OF STATE DIVISION OF CORPORATIONS

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	of Business	Mailing Address			L (BONION DID SANN BIDI) ABLII DDIN B	**** ***** **** ***	
100 N. BISCAYNE BLVD 21ST FLOOR NEW WORLD TOWER MIAMI FL 33132		100 N. BISCAYNE BLV NEW WORLD TOWER MIAMI FL 33132	the state of the s				
					3. Date Incorporated or Qualified 05/16/1994		Last Report 16/1995
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# 010	26			65-0501727	·	Not Applicable
2		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ \$ ⁶	8.75 Additional Fee Required
City & State	·	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for int	· · · - · · · · · · · · · · · · · · · ·	
4	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agen	nt
			81	Name			
MILLER,	REBECCA M		82	Street Add	iress (P.O. Box Number is Not Acceptable		
100 N. B	IISCAYNE BLVD., 21ST FLOOR	<u>†</u>		OHEEL ALL	ress (F.O. DOX Normber is Not Acceptable)	ł	
	ORLD TOWER		83				
MIAMI FL	L 33132		84	City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 617.050	02 and 617.1508, Florida Statut	tes, the above-r	L. named corno	oration submits this statement for the purpo		ite registered of
	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec			oration's boa	ard of directors. I hereby accept the appoin	ntment as regis	tered agent. I am
	and docopt the obligations of, eec	chorrorn 10000, monda Statutes	5.				
SIGNATURE	Signature, typed or printed name of registered age						
		int and title if applicable (No	Off Registered Agen	it signature require	and subject resons fation of	DAYC	
		nt and title if applicable (NO ND DIRECTORS	DTE Registered Agen	it signature require		DATE	-CTORS IN 12
12.			DTE Registered Agen 13. 11 TITLE	it signature require	ed when reinstating) ADDITIONS CHANGES TO OFFIC	ERS AND DIRE	
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oairi, mai i am an officer or director of the corporation of 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.

SIGNATURE: __

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAM

Kay Statz April

, 1996 (305)674-1914

Date

CR2E037 (12/95)