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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002486

1. Corporation Name
BEACH COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
208 JEFFERSON AVE
#114
MIAMI BEACH FL 33139

Mailing Address
208 JEFFERSON AVE
#114
MIAMI BEACH FL 33139



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	9095 SW 87 Avenue	05/16/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 777	65-0501727	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		Miami, Florida		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	33176	Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30	US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CRONIG, STEVEN C 501 BRICKELL KEY DRIVE STE 300 MIAMI FL 33131				81	Name			
				EISINGER, DENNIS J.				
				82	Street Address (P.O. Box Number is Not Acceptable)			
				4000 HOLLYWOOD BLVD., 265 South				
83								
84	City		FL	85	Zip Code			
HOLLYWOOD				33021				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/28/99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DAVID		1.2 NAME		
STREET ADDRESS	208 JEFFERSON AVE., #114		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEEN, NADIA		2.2 NAME	MITCHELL, CLARK C.	
STREET ADDRESS	208 JEFFERSON AVE., #115		2.3 STREET ADDRESS	208 JEFFERSON AVENUE, # 104	
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33139	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDILEONE, JOSE RENATO		3.2 NAME		
STREET ADDRESS	208 JEFFERSON AVE., #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIACIAN, CARLOS		4.2 NAME		
STREET ADDRESS	208 JEFFERSON AVE., #107		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILLEUL, LINDA		5.2 NAME		
STREET ADDRESS	208 JEFFERSON AVE., #116		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: Apr/23/99 DAYTIME PHONE: 305-538-9178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)