

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 027 ****61.25

DOCUMENT # N94000002486

1. Entity Name

BEACH COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~208 JEFFERSON AVE~~
~~#114~~
~~MIAMI BEACH FL 33139~~

9095 SW 87 AVE
 STE 777
 MIAMI FL 33176-2310

2. Principal Place of Business

3. Mailing Address

Professional Management Inc.

9095 sw 87 ave ste# 777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9095 sw 87 ave ste# 777

Miami, fl 33176

City & State

City & State

Miami, fl 33176

Zip

Country
 USA

Zip

Country
 USA

4. FEI Number

65-0501727

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

EISNGER, DENNIS J
 4000 HOLLYWOOD BLVD.
 265 SOUTH
 HOLLYWOOD FL 33021

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	208 JEFFERSON AVE., #114	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRANDILIEONE, JOSE RENATO	
STREET ADDRESS	208 JEFFERSON AVE., #103	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GIACIAN, CARLOS	
STREET ADDRESS	208 JEFFERSON AVE., #107	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILLEUL, LINDA	
STREET ADDRESS	208 JEFFERSON AVE., #116	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, CLARK C	
STREET ADDRESS	208 JEFFERSON AVE., #104	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Renato Brandileone	
STREET ADDRESS	208 Jefferson Ave # 103	
CITY-ST-ZIP	Miami Beach, fl 33139	
TITLE	Secretary/ Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Giacian	
STREET ADDRESS	208 Jefferson Ave # 107	
CITY-ST-ZIP	Miami Beach, fl 33139	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Bailleul	
STREET ADDRESS	208 Jefferson Ave # 116	
CITY-ST-ZIP	Miami Beach, fl 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 305-270-0870
 Date Daytime Phone #

CR2E037 (9/99)