

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600004335 1. Corporation Name

BEACON AT 97TH AVENUE ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33143

TWO ALHAMBRA PLAZA. PENTHOUSE II CORAL GABLES FL 33143

Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90022 040 \*\*\*\*61.25



3. Date Incorporated or Qualifed

08/14/1996

<u> ;                                 </u>													
Suite, Apt.	#, etc.			Suite, Apt. #, etc.	_			4. FEI Number		<del></del>	blied For		
22			27					65-0763319		<del></del>	Applicable		
City & State			L	City & State				5. Certifcate of Status Desi	red 🗆	\$8.75 A			
23				28						Fee Rec	<u>'</u>		
Zip	Country			Zip Cour			. <u> </u>		ncing 🔲	\$5.00	, ,		
24		25	29	<u></u>	30			Trust Fund Contribution		Added to	Fees		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
	•					81	Name						
BEFELER,	HENRY		82 Street Addre			ss (P.O. Box Number is Not A	cceptable)						
TWO ALHAMBRA PLAZA, PENTHOUSE II													
CORAL GABLES FL 33143						83							
						84 City 85					ode		
		•					•		-	L			
11. Pursuant	to the provis	ons of Sections 617.0502	and 6	17.1508, Florida Statut	tes, the a	bove	-named corpo	ration submits this statement f	or the purpose	of changing its a	egistered		
office or r	egistered ag m familiar wi	ent, or both, in the State of th, and accept the obligat	ions of	da. Such change was a f, Section 617.0503, Flo	iutnorizet orida Stat	utes.	ine corporation	's board of directors. I hereby	accept the ap	pointinont da reg	1010100		
SIGNATURE													
SIGNATURE	Signature, typed	or printed name of registered agent	t and title	if applicable. (NOTE	_ <u></u> -	Agent	signature required		DATE				
12.		OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES 1	O OFFICERS				
TITLE	Ð			☐ DELETE	1.1 🏋	T.E				Change	☐ Addition		
NAME	CODINA,				1.2 N	AME							
STREET ADDRESS TWO ALHAMBRA PLAZA, PENTHOUSE II						REET	ADDRESS						
CITY-ST-ZIP	CORAL G	ABLES FL 3314 <u>3</u>			1.4 C	TY-ST	-ZIP						
TITLE	D		,	☐ DELETE	2.1 TI	TLE		•		Change	☐ Addition		
NAME	BEFELER, HENRY					AME							
STREET ADDRESS	TWO ALH	ambra plaza, penti	<b>RUOH</b>	OUSE II 2			ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33143					:ITY- <u>\$</u> 1	T-ZIP						
TITLE	D	• •		☐ DELETÉ	3.1 T	TLE				Change	Addition		
NAME	GIBSON, O FORD					AME	- 1						
STREET ADDRESS		ambra plaza, penti	HOUS	E II	3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33143					TY-ST	T-ZIP						
TITLE				☐ DELETE	4.1 T	TLE				Change	Addition		
NAME	1				4.21	AME							
STREET ADDRESS					4.3 S	TREET	ADDRESS						
CITY-ST-ZIP					4.4 C	TY-ST	-ZIP						
TITLE				☐ DELETE	5.1 T	TLE				Change	Addition		
NAME	1				5.2 N	AME							
STREET ADORESS	l				5.3 S	TREET	ADDRESS						
CITY-ST-ZIP					5.4 C	TY-\$T	-ZIP	•	•				
TITLE	<del> </del>	·		☐ DELETE	6.1 Ti	TLE				Change	Addition		
NAME					6.2 N	AME	1				ļ		
STREET ADDRESS	1				6.3 S	TREET	ADDRESS						
CITY-ST-7ID	]			•	6.4 C	ITY-ST	r-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: