

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **726441** (9)

1. Corporation Name

**BEACON MANOR CONDOMINIUM INC.**



Principal Place of Business

Mailing Address

822 GALIANO #4  
CORAL GABLES FL 33134  
US

730 CORAL WAY  
SUITE 304  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified  
**05/18/1973**

3a. Date of Last Report  
**07/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **104 ANTIQUERA #6**

26 **104 ANTIQUERA #6**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-1672459**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

City & State

City & State

23 **CORAL GABLES FL**

28 **CORAL GABLES FL**

Zip Country

Zip Country

24 **33134** 25

29 **33134** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRODERICK, MARIA E.**  
**104 ANTIQUERA AVENUE APT. 7**  
**APT. 304**  
**CORAL GABLES FL 33134**

81 Name **MARIA E. BRODERICK**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**104 ANTIQUERA Ave.**  
83 **APT # 7**  
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	URIZ, SERGIO	
STREET ADDRESS	104 ANTIQUERA AVENUE APT. 6	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, SYLVIA	
STREET ADDRESS	613 OCEAN DR., APT. 11-C	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRODERICK, MARIA E.	
STREET ADDRESS	104 ANTIQUERA AVENUE APT. 7	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNSTEIN, SYLVIA	
1.3 STREET ADDRESS	613 OCEAN DR APT 11-C	
1.4 CITY-ST-ZIP	KEY BISCAIYNE, FL	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRODERICK, MARIA E	
2.3 STREET ADDRESS	104 ANTIQUERA AVE APT 7	
2.4 CITY-ST-ZIP	CORAL GABLES FL	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUIZ, SERGIO	
3.3 STREET ADDRESS	104 ANTIQUERA AVE APT 6	
3.4 CITY-ST-ZIP	CORAL GABLES FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Maria E. Broderick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96  
Date

443-5175  
Daytime Phone #

CR2E037 (12/95)