

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 716555

1. Corporation Name

BEACH MANOR VILLAS, SOUTH, INC.

Principal Place of Business

1025 BEACH MANOR CENTER, EAST
VENICE FL 34285

Mailing Address

250 W. TAMPA AVE
VENICE FL 34285
US

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90035 024 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/15/1969

4. FEI Number

59-1443088

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

9. Name and Address of Current Registered Agent

CALDWELL, ANNETTE K.
250 W. TAMPA AVENUE
~~101 CAPRI ISLES BLVD~~
VENICE FL 34285

delete - incorrect

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME VD
STREET ADDRESS KOOYMAN, GRACE
CITY-ST-ZIP 1024 BEACH MANOR CIR., #43
VENICE FL

TITLE ☒ DELETE

NAME TD
STREET ADDRESS MCBRAYER, AVONELLE
CITY-ST-ZIP 1118 COCKRILL STREET
VENICE FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS STEWART, JACK
CITY-ST-ZIP 1019 BEACH MANOR CENTER, #35
VENICE FL

TITLE ☒ DELETE

NAME SD
STREET ADDRESS MANCHUROWSKI, SHIRLEY
CITY-ST-ZIP 211 BEACH MANOR TERRACE, #4
VENICE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS CECIL, JUSTINE
CITY-ST-ZIP 1028 BEACH MANOR CIR., #45
VENICE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BULLARD, GENEVIVE
CITY-ST-ZIP 1019 BEACH MANOR CIR., #51
VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

T D

Bennett, Mary
210 Beach Manor Ln. #21
Venice, FL 34285

V D

S D

Kalafus, Helen
214 Beach Manor Ln. #19
Venice, FL 34285

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)